



UNEMPLOYMENT BENEFITS

In

Michigan

IMPORTANT INFORMATION about

- ✓ **Employer Filed Claims** and
- ✓ **Internet Filed Claims**

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
UNEMPLOYMENT AGENCY



Adrian No. 051

1040 S. Winter St., Suite 1014
49221-3879
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Alma No. 031

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315 W. Chisholm St. 49707-2420
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Bad Axe No. 065

40 Cook Dr., P.O. Box 306
48413-0306
Phone: 989/269-6439
Fax: 989/269-6820

Service Locations by Numerical Listing

| No. | Location |
|-----|-------------------------|
| 003 | Detroit |
| 004 | Detroit |
| 007 | Dearborn |
| 008 | Madison Heights |
| 013 | Canton |
| 015 | Monroe |
| 016 | Mt. Clemens |
| 021 | Cadillac |
| 023 | Sterling Heights |
| 024 | Manistee |
| 025 | Muskegon |
| 027 | Petoskey |
| 029 | Traverse City |
| 031 | Alma |
| 032 | Alpena |
| 033 | Bay City |
| 035 | Fremont |
| 037 | Saginaw |
| 039 | West Branch |
| 043 | Grand Rapids |
| 045 | Holland |
| 046 | Ionia |
| 051 | Adrian |
| 055 | Jackson |
| 056 | Lansing |
| 063 | Flint |
| 064 | Lapeer |
| 065 | Bad Axe |
| 066 | Port Huron |
| 071 | Battle Creek |
| 072 | Benton Harbor |
| 075 | Kalamazoo |
| 079 | Sturgis |
| 081 | L'Anse |
| 082 | Escanaba |
| 083 | Houghton |
| 086 | Ironwood |
| 089 | Marquette |
| 096 | Sault Ste. Marie |
| 098 | Interstate Benefit Unit |

Battle Creek No. 071

135 Hamblin Ave. 49017-3546
Phone: 616/962-5411
Fax: 616/962-4779

Bay City No. 033

1000 N. Madison Ave. 48708-5968
Phone: 989/894-2981
Fax: 989/894-5522

Benton Harbor No. 072

215 Colfax Ave. 49022-4704
Phone: 616/925-1118
Fax: 616/925-2443

Cadillac No. 021

1909 N. Mitchell St., P.O. Box 159
49601-0159
Phone: 231/775-3408
Fax: 231/775-1584

Canton No. 013

8775 Ronda Dr. 48187-2096
Phone: 734/453-3520
Fax: 734/453-6129

Dearborn No. 007

2901 Gully Rd. 48124-3199
Phone: 313/565-8300
Fax: 313/565-1935

Escanaba No. 082

P.O. Box 356
49829-0356
Phone: 906/786-6841
Fax: 906/786-4842

Flint No. 063

711 N. Saginaw, 1st Flr. N
48503-1758
Phone: 810/232-7110
Fax: 810/232-7185

Fremont No. 035

4747 W. 48th St., P.O. Box 145
49412-0145
Phone: 231/924-2240
Fax: 231/924-1996

Grand Rapids No. 043

3391 Plainfield Ave. N.E.
49525-2796
Phone: 616/361-3200
Fax: 616/361-3229

Holland No. 045

710 Chicago Dr., Ste. 310
P.O. Box 3179
49422-3179
Phone: 616/396-3581
Fax: 616/396-8669

Houghton No. 083

1300 Memorial Rd. 49931-2498
Phone: 906/482-2100
Fax: 906/482-6290

Ionia No. 046

309 W. Adams, P.O. Box 505
48846-0505
Phone: 616/527-1900
Fax: 616/527-2404

Ironwood No. 086

100 W. Cloverland 49938-1644
Phone: 906/932-5400
Fax: 906/932-4540

Jackson No. 055

540 N. Jackson St. 49201-1289
Phone: 517/782-8131
Fax: 517/782-6776

Kalamazoo No. 075

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Phone: 616/349-9621
Fax: 616/349-6687

L'Anse No. 081

115 N. Front St. 49946-1187
Phone: 906/524-6425
Fax: 906/524-6455

Lansing No. 056

5015 S. Cedar St. 48910-5498
Phone: 517/334-6726
Fax: 517/393-8901

Lapeer No. 064

307 S. Court St. 48446-2598
Phone: 810/664-4270
Fax: 810/664-8235

Madison Heights No. 008

401 E. 13 Mile Rd. 48071-2197
Phone: 248/589-1600
Fax: 248/589-1509

Manistee No. 024

1660 U.S. 31 South 49660-9616
Phone: 231/723-2535
Fax: 231/723-4610

Marquette No. 089

2833 U.S. 41 West 49855-2252
Phone: 906/226-7543
Fax: 906/226-9945

Monroe No. 015

14930 LaPlaisance, Suite 123
48161-3871
Phone: 734/241-1771
Fax: 734/241-0174

Mt. Clemens No. 016

35209 Gratiot Ave.
Clinton Township 48035-2856
Phone: 586/791-2930
Fax: 586/791-3619

Muskegon No. 025

1550 E. Laketon, P.O. Box 3304
49443-3304
Phone: 231/767-0868
Fax: 231/767-9819

Petoskey No. 027

2225 Summit Park Dr. 49770-2541
Phone: 231/347-5150
Fax: 231/347-4454

Port Huron No. 066

1640 Cleveland Ave. 48060-6723
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Fax: 810/982-3765

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614 Johnson St. 48607-1500
Phone: 989/753-6372
Fax: 989/753-5999

Sault Ste. Marie No. 096

1118 E. Easterday Ave. 49783-2397
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Fax: 906/632-8696

Sterling Heights No. 023

37250 Van Dyke Rd. 48312-1865
Phone: 586/939-9650
Fax: 586/939-8412

Sturgis No. 079

209 W. Hatch St. 49091-1410
Phone: 616/651-2375
Fax: 616/651-3821

Traverse City No. 029

1209 S. Garfield Ave., Ste. C
P.O. Box 7200
49696-7200
Phone: 231/922-3700
Fax: 231/922-5275

West Branch No. 039

601 Progress St. 48661-9384
Phone: 989/345-2430
Fax: 989/345-5150

DETROIT OFFICES

Eastside No. 003

4729 Conner St. 48215-2092
Phone: 313/822-9500
Fax: 313/822-1237

Northwest No. 004

4321 Oakman Blvd. 48204-2075
Phone: 313/934-0950
Fax: 313/934-8020

Interstate Benefits Unit No. 098

Phone: 313/456-2790
Fax: 313/456-2799

ADMINISTRATIVE OFFICES

State Admin. Office (Detroit)

Cadillac Place
3024 W. Grand Blvd.
Detroit, MI 48202
Phone: 1-800-638-3995

Claimant Customer Relations Hotline

1-800-638-3995

Fraud Hotline

1-800-822-1122



CALENDAR

| 2001 | | | | | | | |
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John Engler, Governor



STATE OF MICHIGAN
**UNEMPLOYMENT
AGENCY**
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
Jack Wheatley, Director



Department of
Consumer &
Industry Services
Serving Michigan . . . Serving You.
Kathleen M. Wilbur, Director

State of Michigan
Department of Consumer & Industry Services
Unemployment Agency
Cadillac Place
3024 W. Grand Blvd. • Detroit, MI 48202
UA Web Site: www.miuu.com
The Unemployment Agency is ADA and EEO compliant.
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(2-2002)

READ THIS IMPORTANT INFORMATION



STATE OF MICHIGAN
**UNEMPLOYMENT
AGENCY**
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES

Cadillac Place
3024 W. Grand Blvd.
Detroit, MI 48202

| |
|---|
| FIRST-CLASS MAIL POSTAGE AND FEES PAID UNEMPLOYMENT AGENCY PERMIT NO. G-12 |
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FIRST CLASS MAIL

Introduction

Benefit Rights and Responsibilities Every Claimant Must Know

Your new claim for unemployment benefits has been filed and processed through the Unemployment Agency (UA) automated system. This booklet explains your rights and responsibilities concerning claiming and receiving payment of benefits. It tells you what you should know and do when you claim Michigan unemployment benefits. This booklet does not have the force of law or rule, but gives a general explanation of the more important parts of the law. **Read it carefully and keep it for reference.**

You will also receive in the mail Form UA 1575C WR, *Monetary Determination*, explaining your benefit entitlement. If you agree with this determination, call Michigan's Automated Response Voice Interactive Network (MARVIN) on your scheduled appointment day and time or on Thursday or Friday to certify to/claim weeks of unemployment benefits and receive your checks. If you disagree with any part of your monetary determination, be sure to follow the instructions in **"Your protest and appeal rights"** below.

If you have questions or concerns or you want a more thorough explanation of the eligibility requirements, you may request an in-person Benefits Rights and Responsibilities Interview or view the video, "Claimant Rights and Responsibilities," at your branch office. You may also call the Claimant Customer Relations HOTLINE at **1-800-638-3995**, Monday through Friday, 8:00 a.m. to 5:00 p.m. or log on to the Unemployment Agency (UA) Internet Website at www.miua.com. Click on the Jobless Center and/or Forms Center links to view and/or print valuable unemployment insurance information and the same booklets and forms that are available in your branch office.

The main purpose of the UA is to pay unemployment benefits to eligible workers if jobs cannot be found. The benefit cost is paid by employers. **There is no deduction from your paycheck for unemployment benefits.**

- Read this booklet carefully and keep it for reference so you will know your rights under the law, and what you should do each week you claim benefits.
- Give complete, correct and truthful answers on your application for benefits and to all questions asked in writing by a representative, and by Michigan's Automated Response Voice Interactive Network (MARVIN). There are severe penalties for making false statements or failing to give important information.

- Every time you go to the UA office, take your Social Security Card, any call-in notice you may receive, and one other piece of identification, such as a driver license.
- Include your name and Social Security number on all correspondence sent to the UA.

Important! Protect your rights

Whenever there is a question about your claim or an appeal is pending, it is important that you continue to certify. When you certify, you are reporting your eligibility for weeks of unemployment benefits and protecting your right to receive benefits if the question is settled in your favor. Otherwise, even if you win your case, you will not be paid for any week for which you have failed to claim benefits.

Further, even if you are disqualified, held ineligible, or held subject to a denial period, each week you certify may serve to requalify you for benefits or may be used later to pay you benefits if it is finally determined that you were entitled to benefits during the period.

Each time you certify by phone or by mail, you must answer a number of questions. Your answers to the questions determine if you meet all the eligibility requirements for the week(s) you are claiming benefits. Give true, complete, and accurate responses. There are penalties for giving false information.

A record of every unemployment check you receive is sent to your employer. The chargeable employer will notify us if there is disagreement as to your reported earnings or a belief you are not entitled to the check you received. The UA will then investigate your claim.

Your protest and appeal rights

Whenever a question arises about your right to receive benefits, a predetermination fact-finding interview may be conducted to get the facts from you and your employer regarding the issue(s) involved. The UA then makes a determination that tells you if you may receive benefits and explains why or why not. Copies of the determination go to you and your employer.

If you disagree with a determination you can protest and ask for a review. You may do so in person at the UA office, by mail, or by fax, but any protest must be made on time. **The UA must receive your protest in writing by the 30th day after the date the determination was issued or given to you in the branch office.** If the 30th day is a Saturday, Sunday, or Agency nonwork day, the

protest must be **received** by the end of the next day which is not a Saturday, Sunday, or Agency nonwork day. Otherwise, the determination will become final and not subject to further review, unless you establish good cause for late filing.

Your employer has the same right to protest as you do and has the same time limits to protest and appeal.

When the Agency receives a protest from you or your employer, it takes another look at the facts and the law and, if necessary, will arrange for a fact-finding interview, and then make a redetermination. The redetermination will explain what changes, if any, are being made in the determination. Copies of the redetermination go to you and your employer. You may bypass the redetermination and appeal directly to an Administrative Law Judge (**ALJ**) if you and your employer, or you and your employer's agent(s) or attorney(s), agree to do so.

If you disagree with the redetermination, you can appeal for a hearing before an ALJ. Your employer has the same right. **This appeal must be received within 30 days**, the same as a protest to a determination.

It is important that you **respond to any request from the UA for further information** on your claim even if you have drawn all of your benefits. Your employer has the right to protest any benefits charged to the company's UA account. A reversal of your entitlement could result in your being required to repay the protested amount to the UA.

You have the right to be represented by your own attorney, agent, or advocate and to present witnesses at a hearing before an ALJ.

If no appeal is filed, the redetermination becomes final and is not subject to further review unless good cause for late filing is established. If you, your employer, or the Agency disagrees with the ALJ's decision, a request for a rehearing before the ALJ or an appeal to the Board of Review must be received by the UA within 30 days. If either party is dissatisfied with the Board of Review's decision, the case may be appealed to a circuit court, the Court of Appeals, and the Supreme Court. If no appeal to the Board of Review or to the courts is filed, the latest decision will become final after the 30-day appeal period.

If you and the employer involved in the ALJ hearing both agree, the case can bypass the Board of Review and

go directly to a circuit court. The appeal must be received by the circuit court within the 30-day appeal period.

The Board of Review, an agency separate from the UA, generally does not take new testimony from witnesses. The Board usually bases its decision on the facts presented at the ALJ hearing. The only arguments usually permitted before the Board of Review are about the law as applied to your case.

UA staff will assist you in filing your request for a redetermination, an appeal to an ALJ or to the Board of Review, or a request for a rehearing or reopening.

After the 30-day protest or appeal period has expired, a case can be reopened only if good cause can be established for failure to protest or appeal within the 30 days.

If a determination, redetermination or decision is made that allows you benefits, you will be paid any benefits due and payments will continue unless and until: (1) the determination, redetermination or decision is reversed, or (2) a determination, redetermination or decision on a new issue holding you disqualified or ineligible is made, or (3) a new separation issue arises resulting from subsequent work.

If it is finally decided by a later redetermination or decision that you were not entitled to all or part of the benefits you received, you may be required to repay the benefits improperly received.

How long is your benefit year?

The beginning of your benefit year depends on when you file your application. In most cases, the benefit year begins with the Sunday of the week in which you file your application and lasts for 52 weeks.

Many workers go back to work before they receive all their allowable benefits. If you are again laid off before your benefit year ends, you can file an additional claim for benefits. If your benefit year ends before you can receive all your benefits, the unpaid benefits cannot be carried over to another benefit year. If you draw out all of your benefits before your benefit year ends, you cannot file another claim until your benefit year ends.

However, if you become unemployed after your benefit year is over, you may file a new application for benefits. At that time, the UA again determines whether you have sufficient wages in your new base period to establish a new benefit year, and whether you may receive benefits.

TABLE OF CONTENTS

Claimant Guide to Unemployment Benefits *Benefits, Services and Program Information*

| | |
|---|------------|
| Part One | 5 |
| Benefit Rights, Responsibilities, and Terms Every Claimant Must Know | |
| Part Two | 17 |
| Using MARVIN to Certify/Claim Weeks of Unemployment Benefits | |
| Forms Section | F-1 |
| Tear-Out Forms (<i>Tear out, complete and return forms provided, if needed</i>) | |
| Index | 25 |

Benefit Rights, Responsibilities, and Terms Every Claimant Must Know

CHECK LIST

- ☒ IF YOU ARE NOT A CITIZEN OR NATIONAL OF THE UNITED STATES
Go to pages 6 and F-3 for details on how to submit copies of your alien status.
- ☒ IF YOU WANT TO ADD A DEPENDENT(S) TO YOUR CLAIM
Go to pages 6 and F-5 for details.
- ☒ IF YOU WANT STATE AND FEDERAL INCOME TAXES WITHHELD FROM EACH BENEFIT CHECK
Go to pages 6, 15 and F-7 for details.
- ☒ IF YOU WERE SEPARATED FROM AN EMPLOYER IN THE PAST 18 MONTHS FOR A REASON OTHER THAN LACK OF WORK
Go to pages 6 and F-9 for details

TO RECEIVE YOUR CHECK YOU MUST DO THE FOLLOWING:

- ☒ YOU MUST CALL MARVIN TO CLAIM BENEFITS AND RECEIVE A CHECK
Go to page 16 for the details.
- ☒ YOU MUST KNOW YOUR MARVIN APPOINTMENT DAY AND TIME
Go to page 19 for the complete Schedule of Appointments.
- ☒ YOU MUST HAVE A MARVIN PERSONAL IDENTIFICATION NUMBER (PIN)
Go to page 20 for details on selecting a PIN.
- ☒ YOU MUST REPORT YOUR TOTAL GROSS EARNINGS WHEN CLAIMING BENEFITS
Go to pages 8, 9 and 21.
- ☒ YOU MUST REGISTER FOR WORK, IF REQUIRED, BEFORE YOU CAN START RECEIVING BENEFIT CHECKS
Go to pages 6, 7 and 18 for details.

Employer filed claims (EFC)

New and additional claims are filed for you by your employer if your employer participates in the Employer Filed Claim (EFC) program **and** your most recent reason for separation is a layoff due to lack of work. **You must report in person to file your claim during your first week of unemployment if you are unemployed at any time for a reason other than a layoff due to lack of work.**

TAKE ACTION NOW

If you are NOT a United States citizen or National, you must sign and return the enclosed form, UA 1509-EFC, *Alien Consent of Disclosure*, which can be found in the Forms Section in the middle of this booklet. Include clear copies of both sides of your Immigration and Naturalization (INS) document(s). Mail or fax the form **and** your INS document within 5 days. **FAILURE TO RETURN THE REQUIRED DOCUMENT(S) MAY RESULT IN AN OVERPAYMENT OF BENEFITS AND PENALTY OF FINE AND/OR IMPRISONMENT, AND/OR COMMUNITY SERVICE FOR WITHHOLDING MATERIAL INFORMATION TO SECURE BENEFITS.**

If you choose to have both Federal and State of Michigan income taxes withheld from each of your benefit checks, complete Form UA 1581 WR, *Income Tax Withholding*, which can be found in the Forms Section in the middle of this booklet. Return the completed form to the address below by mail or fax.

If your Weekly Benefit Amount is less than \$300.00 and you choose to claim dependents, complete Form UA 1554-S WR, *Request for Redetermination of Dependency Allowance*, which can be found in the Forms Section of this booklet. Return completed form to the address below by mail or fax.

SEND THE ABOVE FORMS ONLY TO: Unemployment Agency
Employer Filed Claims Unit
P.O. Box 02986
Detroit, MI 48202-0903
Fax: (313) 456-2766

If you were separated from another employer in the past 18 months for any reason other than a layoff due to lack of work, you must complete Form UA 1702 EFC, *Claimant Separation Statement*, which can be found in the Forms Section in the middle of this booklet. Return a completed Form UA 1702 EFC to your branch office for **each** employer from which you were separated for a reason other than layoff due to lack of work. **NOTE:** Your claim was filed by your last employer; therefore, the separation reason given for other employers listed on your monetary determination (Form UA 1575C WR) may not be correct.

Points to remember:

- The branch office where your records are currently held and employers used to establish your claim can be found on Form UA 1575C WR, *Monetary Determination*.
- You must call MARVIN timely to claim unemployment benefits and receive a check. See Part Two of this booklet. If you are unable to use MARVIN, contact your branch office for Form UA 1785-1 to mail your certifications.
- If you are notified by mail that you must register for work, you cannot be paid benefits unless you place your résumé in the Michigan Talent Bank (MTB) at least one business day before your first call to MARVIN **and** report to a Michigan Works! (MWA) service center to verify this action.
- Report in person to file within 14 days from your last day worked if your most recent separation was a layoff due to lack of work **and** you do not receive notification from the UA that your EFC has been processed. You should receive **one** of the following notices:
 - Form UA 1575C, *Monetary Determination*, is mailed to you when a new claim (benefit year) is established. Refer to *Protect your rights* and *Your protest and appeal rights*, in the Introduction if you disagree with any part of this determination.
 - Form UA 1220 WR, *Notice of Employer Filed Claim Processed as Additional Claim*, is mailed to you when you are laid off due to lack of work while you already have a benefit year in effect.
 - Form UA 1221 WR, *Employer Filed Claim Not Processed*, is mailed to you with the reason your EFC was **NOT** processed. If you receive this notice, you must file **in person** within 14 days of the mail date for your claim to be effective with your first week of layoff.

Internet filed claims (IFC)

You may also file an additional claim on the Internet if you return to work for the same employer and are again laid off due to a lack of work during your benefit year.

Remember: To file timely you must complete your filing during the first week of your unemployment. Also, be sure to call MARVIN timely to claim benefits and receive a benefit check. See Part Two of this booklet.

If you are notified during your Internet filing process that you must register for work, you cannot be paid benefits unless you place your résumé in the Michigan Talent Bank (MTB) at least one business day before your first call to MARVIN **and** report to a Michigan Works! (MWA) service center to verify this action.

Report to the branch office immediately to file your claim when instructed during the Internet process to avoid a delay in receiving a check. An attempt to file on the Internet when a claim filed for you by your employer (EFC) could not be processed will also be unsuccessful.

How much must I earn to be eligible for benefits?

There are 4 methods to qualify for unemployment benefits. The UA will consider the wages you were paid in a period of 4 calendar quarters. (A calendar quarter is a period of 3 consecutive months ending the last day of March, June, September, and December.) The law requires that your wages be considered in the following order:

1. You must have worked for one or more liable employers and have wages paid in 2 quarters of the **first 4** of the last **5 completed** quarters. Further, you must have been paid wages of at least \$1,998.00 in one of the 4 quarters, and have been paid wages during the **first 4** quarters totaling at least 1.5 times the wages paid in the highest quarter. **Or**
2. You must have been paid total wages in at least 2 quarters during the **first 4** of the last **5 completed** quarters that are at least \$14,302.20 (20 times the State Average Weekly Wage of \$715.11) for claims beginning in the year 2002. **Or**
3. You must have worked for one or more liable employers and have wages in 2 quarters in the **last 4 completed** quarters. Further, you must have been paid wages of at least \$1,998.00 in one of the 4 quarters, and have been paid wages during the **last 4** completed quarters totaling at least 1.5 times the wages paid in the highest quarter. **Or**
4. You must have been paid total wages in at least 2 quarters during the **last 4 completed** calendar quarters that are at least \$14,302.20 (20 times the State Average Weekly Wage of \$715.11) for claims beginning in the year 2002.

If you file a new claim for benefits and your last benefit year expired within the last six calendar quarters, you must additionally satisfy the following earnings requirement:

- You must have worked after your prior benefit year began; and
- have been paid, by a liable employer, at least 5 times the last weekly benefit amount that was in effect in your prior benefit year.

See “**Subsequent claims**” below, for details.

Unemployment weekly benefit amount

Your weekly benefit amount will equal 4.1% of the highest quarter wages in the base period, plus \$6 for each dependent claimed up to 5 dependents. The maximum weekly benefit amount is \$300.

Contact your local UA branch office, the Claimant Customer Relations HOTLINE at **1-800-638-3995**, or click on the Jobless Center link on the UA website at www.miua.com for more information on claiming unemployment benefits, calculating how many weeks of benefits are payable, calculating your Weekly Benefit Amount (WBA), dependents, and the Alternate Earnings Qualifier (AEQ).

Certifying and getting your check

After you file your claim, you are required to certify to your continued eligibility to collect benefits. You will file your bi-weekly claims using Michigan’s Automated Response Voice Interactive Network (**MARVIN**). See Part Two of this booklet for details on MARVIN.

Filing claims on time

To be filed on time and effective with the first week of unemployment, a **new or additional claim** must be received by the Agency no later than the Friday of the week following the week of your last day of work.

If the Friday of a week is a legal holiday or non-workday for the UA, **then and only then** will your claim be considered timely if it is received by the next day that is not a Saturday, Sunday, legal holiday, or non-workday for the UA (generally, the following Monday). MARVIN, however, is available on holidays and non-workdays.

You would file a **reopened claim** if you stop certifying for any reason other than having worked again. A reopened claim is effective the beginning of the week in which it is **received** by the UA.

Return to work

If you return to work less than full-time and do not earn at least 1½ times your weekly benefit amount, you may claim benefits for any of the weeks you were working. If you wish to claim a week and are using MARVIN, call during the week you normally would if you had not returned to work. When you call MARVIN, report your back-to-work date and any **earnings you had for the weeks you are claiming, even if paid at a later date.**

If you return to work and are certifying by mail, report this on your certification form.

See “**Earnings while claiming benefits.**”

Penalties for false statements

The law provides severe penalties for anyone who intentionally gives incorrect information or hides important information to obtain or increase benefits. Always give the full facts. If you get a job or do any work, indicate this when you call MARVIN or report it on your certification forms, even though you have not been paid yet for your work. If you perform service in a week, which entitles you to wages, report the fact that you **earned** money in that week, even if you have not yet received the pay.

All employers are required to report the names, Social Security numbers, and earnings of all their employees quarterly to the UA. This wage information is used to determine your eligibility for unemployment compensation and your benefit amount. For example, if you fail to report earnings while receiving benefits, the UA will be able to detect this from the wage information provided by employers.

If you purposely give incorrect information or hide important information:

1. You may have to pay a penalty equal to 2 times the amount of benefits fraudulently obtained, if less than \$1,000, or 3 times the amount of benefits if \$1,000 or more.
2. You will have to pay back any benefits wrongfully received.
3. You will lose your rights to remaining benefits.
4. You may have to pay a fine or go to jail, or perform community service, or all of these.
5. You may have to pay court costs, if prosecuted.

If you made a mistake in giving information, notify your UA office at once. If there is an error on your check, return it to your branch office for correction.

If you wish to report suspected unemployment insurance fraud, the UA has established a toll-free HOTLINE: **1-800-822-1122**. The line is available 24 hours a day. You will speak directly to a UA fraud investigator during normal business hours if one is available. If an investigator is not available or you are calling outside normal business hours, you may leave the information on the voice mail service.

Profiling/Reemployment Services Program

The Profiling system identifies claimants most likely to exhaust regular benefits before finding another job. If identified as likely to exhaust, these claimants participate in additional reemployment services to help them become employed again.

Reemployment services may include the following:

- Job search assistance
- Individualized assessment
- Job placement services
- Job search workshops
- Counseling
- Job clubs
- Skills or aptitude testing
- Resume writing assistance

The program is a joint project involving the UA, the Michigan Department of Career Development, and local Michigan Works! Agency service centers.

If selected, you **must** participate or you may not be eligible for unemployment benefits during the week(s) you fail to participate.

Call the UA Claimant Customer Relations HOTLINE at **1-800-638-3995**. Also see the pamphlet, *Profiling and Reemployment Services* (Form UA 2161).

Earnings while claiming benefits

If you work less than full time in a week, you may be paid unemployment benefits but your benefits will be reduced according to how much you **EARN** in the week for which you are claiming benefits **REGARDLESS OF WHEN YOU ACTUALLY ARE PAID** for the earnings. You must report your total earnings, not just take-home pay.

Gross earnings will be subtracted from benefits as follows:

- If your earnings equal or exceed 1½ times your WBA, you are not eligible for any benefits that week.
- If your earnings are less than 1½ times your WBA but greater than your WBA, total earnings are subtracted from 1½ times your WBA. (See Example 1, below.)
- If your earnings are equal to or less than your WBA, half your earnings are subtracted from your WBA. (See Example 2, below.)

Your payment balance will be reduced by one full week if you receive any benefit payment in a week.

Method

A. WBA = _____

B. Earnings = _____ (use whole dollar amount)

C. WBA x 1.5 = _____

D. If B is more than A, subtract earnings from C. This is the benefit check amount.

If B is less than or equal to A, subtract ½ of earnings from A (round result down to whole dollars). This is the benefit check amount.

The examples below show how this works (dollars and cents are rounded **down** to whole dollars).

Example 1

- A. WBA = \$240
- B. Earnings = \$320.52 (use whole dollar amount)
- C. $\$240 \times 1.5 = \360
- D. B is more than A.
 $\$360 - \$320 =$

***\$40.00** is the estimated weekly benefit payment amount. If this week is claimed, it will reduce the payment balance by one full week.

Example 2

- A. WBA = \$300
- B. Earnings = \$101.78 (use whole dollar amount)
- C. $\$300 \times 1.5 = \450
- D. B is less than A.
 $\$300 - (\frac{1}{2} \times \$101) = \$300$
 $\$300 - \$50.50 = \$249.50$ (round down) =

***\$249.00** is the estimated weekly benefit payment amount

*Pension reductions from a base period employer, overpayment recoupment, income tax withholding, child support payments, or other reductions can further reduce your benefit payments.

Because your balance of weeks of benefits is reduced by one full week when you claim a week, **regardless of how much you are paid**, you may want to calculate your benefit payment for any week you have earnings. You may choose to claim or not to claim benefits for that week. Choosing not to claim a week does not reduce your balance.

If you choose not to claim a week, you must still phone MARVIN during your scheduled week and answer “no” to the question about claiming **both** weeks. You must then answer “yes” or “no” to claiming benefits for **each** week. Answer the rest of the questions MARVIN asks you. If you choose not to claim two weeks in a row, you must report to your branch office to reopen your claim.

If you are claiming benefits by mail and choose to claim a week(s) in which you had earnings, enter the gross amount earned during those weeks on the certification form. If you are claiming benefits by mail and choose not to claim a week, annotate “I waive the claim for this week” in the earnings section of the certification form.

You may earn more than your weekly benefit amount and still be considered underemployed if you are not back to work full-time (working the number of hours usually considered full-time by the employer). However, you will **not** be eligible to receive benefits for any week that your **earnings** equal or exceed $1\frac{1}{2}$ times your WBA. If you claim 3 or more weeks in which you have excessive earnings, you must file an additional claim at the branch office or by mail to claim subsequent weeks.

How to calculate your benefit amount when you have earnings

This area will help you determine whether or not to claim the week in question. **Remember**, if you choose to draw a minimum of \$1.00 for a week, your weeks of benefit entitlement will be reduced by a full week.

- A. WBA = _____
- B. Earnings = _____ (round down to whole dollars)
- C. $\text{WBA} \times 1.5 =$ _____
- D. If B is more than A, subtract earnings from C. *This is the estimated benefit check amount.

If B is less than or equal to A, subtract $\frac{1}{2}$ of earnings from A (round result down to whole dollars). *This is the estimated benefit check amount.

(If earnings equal or exceed C, no entitlement.)

You may choose not to claim a week. However, if you choose not to claim three weeks in a row, you must report to your branch office to reopen your claim.

*Pension reductions from a base period employer, overpayment recoupment, income tax withholding, child support payments, or other reductions can further reduce your benefit payments.

Subsequent claims

Contact your local UA branch office and ask for Form UA 1900, *Unemployment Insurance: A Handbook for Claimants*, or click on the Jobless Center or Forms Center link on the UA website at www.miuia.com for a detailed explanation of base periods, calendar quarters, lag quarters, filing quarters and examples.

It is possible to have back-to-back claims with overlapping calendar quarters. This would mean that the lag quarter and filing quarter of the prior claim fall into the base period of the succeeding (subsequent) claim.

Wages paid in the overlapping quarters (the lag quarter and filing quarter of the prior claim) can be used for the succeeding claim unless the wages were previously used to establish a benefit year. **You must have worked and been paid wages of at least 5 times the most recent WBA in effect during the previous benefit year, AFTER the start of the prior claim, before you can establish another claim.** The prior claim must have been effective within the last 6 calendar quarters before the succeeding claim.

Prior claim (1) WBA = \$200

| | | | | | | | | | |
|------------------------|-------------|-------------|--------|-----------------------------|------------------|---------------|---------------|---------------|----------------|
| PRIOR CLAIM (1) | | | | LAG | Claim 1 Begins | | | | |
| Standard Base Period | | | | | | | | LAG | Claim 2 Begins |
| 4/2000 X | 1/2001 X | 2/2001 X | 3/2001 | 4/2001 | 1/2002 | | | | |
| X = WAGES USED | | | | | | | | | |
| | | | | 4/2001 \$2000 | 1/2002 \$1500 | 2/2002 \$0 | 3/2002 \$0 | 4/2002 \$0 | 1/2003 \$0 |
| | | | | Standard Base Period | | | | | |
| | | | | SUCCEEDING CLAIM (2) | | | | | |

In the above example, the claimant has wages reported in the 4th quarter of 2001 and the 1st quarter of 2002 that were paid before the prior claim became effective but were **not** used to establish the claim. When that benefit year ends, the claimant files another claim in the 1st quarter of 2003.

This claimant would not be eligible for a new benefit year because wages of at least \$1000 (which is 5 times the last WBA of \$200) were not paid after the previous benefit year began.

Payments by calendar week or flexible week

Benefits are paid for completed calendar weeks of unemployment. We use the calendar week of Sunday through Saturday. In reporting your earnings for any week for which you are claiming benefits, you must include the full amount of wages you **earned** in the week in which the shift began. Do not wait to report these earnings until you are paid. They must be reported when earned.

FLEXIBLE WEEK BENEFITS may be paid for a “flexible week” — a seven-day period which does not begin on a Sunday. This happens only when you earn as much as, or more than, 1½ times your Weekly Benefit Amount (WBA) in each of two consecutive calendar weeks **but, within those two weeks, there is a period of seven consecutive days or more in which you have no earnings.**

For the purpose of determining your earnings during the seven-day period, earnings for work performed during a shift which ends on one day but which began the day before, are considered as though earned on the day the shift began.

In the following example, your WBA is \$200 and 1½ times your WBA is \$300. You would qualify for a week of benefits during the layoff from Wednesday through Tuesday if otherwise eligible.

| <u>TWO WEEK PERIOD</u> | | | | | | |
|------------------------|-----------------|-----------------|-----------------|-----------------|----------------|-------------|
| <u>S</u> | <u>M</u> | <u>T</u> | <u>W</u> | <u>Th</u> | <u>F</u> | <u>S</u> |
| | Earned \$150 | Earned \$150 | Laid Off | Laid Off | Laid Off | Laid Off |
| <hr/> | | | | | | |
| <u>S</u> | <u>M</u> | <u>T</u> | <u>W</u> | <u>Th</u> | <u>F</u> | <u>S</u> |
| Laid Off | Laid Off | Laid Off | Earned \$100 | Earned \$175 | Earned \$75 | |

Retirement/pension benefits

To receive unemployment benefits, workers who retire must be able to work, be available for work and be looking for permanent full-time work; they must meet all eligibility requirements. Workers who voluntarily retire may be disqualified. (See item 1 under “**Disqualifications**,” below.)

If your employer paid the entire cost of your retirement benefit, the full monthly amount of the retirement benefit will be prorated to weekly amounts and deducted from your WBA. If you contributed

something, but less than one-half of the cost of your retirement benefit, one-half of the prorated weekly retirement benefit will be deducted from your WBA. If you contributed one-half or more to the cost of your retirement benefit, no deduction will be made from your WBA.

In the following examples, assume you retire under a retirement plan that provides a monthly retirement benefit of \$430. Your WBA is determined to be \$180.

Example 1. You did not contribute to the cost of the retirement benefit.

Since you did not contribute to the cost of the retirement benefit, the full monthly amount of the retirement benefit must be prorated on a weekly basis and deducted from your WBA. The \$430 monthly retirement benefit amount is divided by 4-1/3 weeks to arrive at a prorated weekly amount. This results in a weekly deduction of \$99. The \$99 is then subtracted from your \$180 WBA, leaving \$81. You would be entitled to unemployment benefits of \$81 a week (\$180 minus \$99 equals \$81).

Example 2. You contributed something, but less than one-half of the cost of the retirement benefit.

Since you contributed something, but less than one-half of the cost of the retirement benefit, one-half of the monthly retirement benefit, prorated to a weekly amount, is deducted from your WBA.

In this example, one-half of the prorated weekly deduction (\$99), based on the \$430 monthly retirement benefit, amounts to \$50. The \$50 is then subtracted from your WBA. You would be entitled to unemployment benefits of \$130 a week (\$180 minus \$50 equals \$130).

Example 3. You contributed one-half or more to the cost of the retirement benefit.

Since you contributed one-half or more to the cost of the retirement benefit, none of the \$430 would be prorated and deducted from your WBA. Therefore, you would be entitled to your full \$180 WBA.

Denial periods

School Denial Periods

Benefits are denied during the period between school terms (including summer breaks and customary vacation and holiday recess) to individuals who work in an institution of higher learning, or other educational institution, if they have a reasonable assurance of returning to work after break. These denial periods also apply to school bus drivers working for a private employer that has a contract with an educational institution, if at least 75% of the wages paid in the base period are from this employment.

School crossing guards are subject to a denial period between school terms only, not during customary vacation or holiday breaks.

Seasonal Employer Denial Period

Benefits will be denied during the period between two successive normal seasonal periods to seasonal workers if they have a reasonable assurance of returning to work in the second seasonal period. This applies to workers who:

- a. are employed in a seasonal industry 1) that usually operates 26 weeks or less a year, or 2) at least half of whose employees usually work 26 weeks or less a year; and
- b. work for an employer 1) that usually operates 26 weeks or less a year, or 2) at least half of whose employees usually work 26 weeks or less a year; and
- c. work for an employer who has asked for and received designation by the UA as a seasonal employer; and
- d. were hired as, or have been made (and provided with a written notice), seasonal workers and work for a seasonal employer only during the normal seasonal period.

Construction workers are excluded from seasonal denial periods.

Professional Athlete Denial Periods

Benefits are denied during the period between sports seasons or similar periods to athletes if they receive reasonable assurance that they will return the next season or similar period.

Disqualifications

If you are disqualified, you may lose some or all of your benefits.

1. You may be disqualified if you quit your job without good cause attributable to your employer or if you voluntarily retire. You would **not** be disqualified for voluntarily leaving if you leave your job to accept work and actually work at another permanent, full-time job with an employer liable under the unemployment compensation law of this state, or to accept a recall from your former employer. Furthermore, if after establishing a claim you accept unsuitable work (for example, work at a great distance from your residence, or not within your abilities), you will not be disqualified if you quit the unsuitable work within 60 calendar days after you began that work.

If you quit or retire voluntarily and are disqualified, you will be required to requalify by “reworking.” Reworking means finding a job and earning the lesser of (1) an amount equal to seven times your actual or potential weekly benefit amount, or (2) 40 times the state minimum hourly wage, times 7.

The earnings must result from employment with an employer liable under the unemployment compensation law of this or another state. Self-employment income cannot be used to requalify for benefits.

2. You may be disqualified if you were discharged for:
a) Misconduct connected with work, or
b) Intoxication while at work.

If you were discharged for one of these reasons and are disqualified, you will be required to requalify by “reworking.” (See Item 1.)

Whenever a charge of misconduct has been reduced to a disciplinary layoff, you will be disqualified for benefits for the duration of your disciplinary layoff. However, you will not be subject to the misconduct discharge penalty.

3. You may be disqualified if you are discharged for:
a) absence due to conviction and imprisonment (other than under conditions of day parole or for a traffic violation resulting in absence of less than 10 consecutive work days); or
b) participation in a strike or other concerted action contrary to a labor contract or in a wildcat strike or concerted action not authorized by the bargaining agent (even if such discharge is later changed to a disciplinary layoff or suspension).

If you are disqualified for one of these reasons, you will be required to serve a six-week requalification period before you can receive benefits. You will also lose up to six weeks of benefits.

- 4. You may be disqualified if you are discharged for:**
- a) an act of assault and battery connected with your work;**
 - b) the use or possession of an illegal substance at work, refusing to submit to a drug test, or testing positive on a drug test; or**
 - c) theft or willful destruction of property connected with your work.**

If you were originally separated from employment under nondisqualifying circumstances and it is later established that you committed a theft against your employer between the notice of your layoff or discharge and the effective date of your separation, you will also be disqualified. The requalification requirement is the same as for theft.

If you are disqualified for any of these reasons, you will be required to serve a 13-week requalification period before you can receive any benefits. There will also be a 13-week reduction of benefits. In addition, your weekly benefit amount will be reduced by the amount that would have been chargeable to the employer involved in the disqualification.

- 5. You may be disqualified if you:**
- a) refuse, or fail to report for, a job interview;**
 - b) fail to apply for a job; or**
 - c) fail to accept an offer of suitable work.**

In deciding whether a job is suitable, the UA takes into account your past experience, training, prior earnings, how long you have been out of work, your chances of finding a job in your line of work, the distance of the job from your home, and any risk to your health and safety. In addition, the following pay rate guidelines are used in determining whether a job is suitable:

| Weeks Unemployed | Pay Rate for Suitable Employment |
|-------------------------|---|
| 1 - 12 | 80% of your gross pay rate before unemployment |
| 13 - 20 | 75% of your gross pay rate before unemployment |
| more than 20 | 70% of your gross pay rate before unemployment |

If you are disqualified for any of these reasons, you will be required to serve a six-week requalification period before you can receive benefits. You will also lose up to six weeks of benefits.

6. You may be disqualified if you are unemployed due to a labor dispute (strike or employer lockout). The UA will consider the facts of the specific situation and the same ruling will be made for all workers unemployed for the same reason related to the labor dispute. It is important that you continue to certify during the period of unemployment due to the labor dispute.

7. You may be disqualified if you work for a temporary help firm (THF) and do not notify the firm within seven days that a work assignment ended.

If you are disqualified for this reason, you will be required to serve a 6-week requalification period before you can receive benefits. You will also lose up to six weeks of benefits.

If you are disqualified for any reason and protest that determination, you should continue to certify until a final decision is made, or you go back to work, or UA informs you that you should stop certifying. If the determination is reversed, you cannot be paid for any week(s) for which you did not certify.

Ways of requalifying

A disqualification imposed for a voluntary quit or misconduct can be terminated after you have worked and earned the lesser of: (1) an amount equal to, or greater than, seven times your weekly benefit amount, or (2) 40 times the state minimum wage, times 7.

Disqualifications imposed for a 6- or 13-week requalification period will be terminated when you complete the required period. You will be credited with a week of requalification for each week in which you:

- 1) certify as directed and meet the same requirements as apply to claiming a benefit payment; or
- 2) earn at least 1/13th of the minimum high quarter earnings. Currently, this is \$153.69 (rounded down to \$153.00), which is $\$1998.00 \div 13$.

To requalify by certifying, you must continue to call MARVIN or submit your certification forms during the requalification period.

Improperly received benefits

Paying Back Overpayments

The UA is responsible for collecting overpayments established under the MES Act.

If you have an overpayment and are currently employed, contact the UA Benefit Overpayment Collection Unit at **1-800-638-6372** regarding repayment terms. If you become unemployed and establish a claim for unemployment benefits, at least 20% of your weekly unemployment benefit payment will be taken from your weekly benefit payment and posted against your overpayment account(s). It is definitely to your advantage to repay the debt and have the unemployment benefits available to you when they are needed.

If fraud was involved in the overpayment, the UA will take 100% of weekly benefit payment(s) and post them against your overpayment account(s). Additionally, the UA will take 100% of your weekly benefit payment(s) and post them against your damage account(s). Damages may be 2 times or 3 times the underlying overpayment amount.

Failure to repay benefits improperly received can also result in the UA taking your MI income tax refund, or referring your case to the Office of the Attorney General for judgment or wage garnishment.

Waiver of Repayment

Collection of benefit overpayments may be waived (forgiven) if the payment was made without fault on your part and if recovery of the benefits would be contrary to equity and good conscience. Repayments may be waived if:

- 1) benefits paid were proper at the time they were paid but amendments were later passed and made retroactive; or
- 2) there was an Agency administrative clerical error; or
- 3) the employer failed to provide wage and separation information timely and your **good faith** statement proves to be erroneous; or
- 4) you can establish that you are indigent (in financial hardship).

If it is found that fraud exists on a claim, the overpayment cannot be waived.

Whenever you are informed that benefits were improperly paid to you, you will also be informed if collection will be waived.

If repayment has not been waived and you feel that repayment of the benefits paid to you would be against equity and good conscience, you may request a ***waiver of recovery of overpayment*** or protest any denial of a waiver. Such a

request or protest must be received by the UA within 30 days of the date the determination, redetermination, or decision which (1) **requires** recovery of overpayment, or (2) **denies a waiver** of recovery of overpayment. A request for a waiver due to financial hardship does not have to be made within the 30-day period.

HELP!

Help is available to you in protesting/appealing. UA staff will explain the (re)determination to you. Also, if you disagree with the (re)determination and wish to take further action, they will explain to you how to file a protest or an appeal to an Administrative Law Judge (ALJ).

Office of Appeals and video

The Unemployment Agency has prepared a videotape presentation, entitled, *Office of Appeals*, and a booklet, *A Guide to Unemployment Agency Office of Appeals Hearings* (Form UA1800), to assist you in understanding and preparing for the hearing. Call or visit your local UA branch office, which has both videotape playback equipment for viewing the tape and copies of the booklet for distribution. Each describes in detail what will happen at the hearing and how you should prepare for it. A copy of the video may be available through your local public library.

UA Advocacy Program and lawyer referral

The UA Advocacy Program provides no-cost assistance to claimants and employers in preparing cases for administrative appeal, and in many cases will include representation at these hearings. Most kinds of unemployment compensation cases are included in the program. **You must call for advocacy assistance AFTER filing your timely appeal.**

For more information, ask your branch office representative or call the Claimant Customer Relations HOTLINE at **1-800-638-3994**.

If you file an administrative appeal to your case or appeal to the Board of Review, you do not necessarily need to have a lawyer. However, if you wish to have one, many county Bar Associations maintain lawyer referral services. If your county does not have such a service, you may call the State Bar of Michigan, toll free, for a lawyer referral, at **1-800-968-0738**.

There are also "legal services" or "legal aid" agencies throughout the state, and the UAW maintains an Unemployment Insurance Clinic available at no cost to both UAW members and non-members living in the tri-county Metropolitan Detroit area. The UAW Clinic, other legal services, and legal aid agencies may be found in the white pages of your telephone directory.

Adjustment Assistance for workers under the Trade Act of 1974 (TRA)

UA may pay you unemployment benefits under the Federal Trade Act if you have lost your job or have been laid off as a result of trade with other countries.

Under the Trade Act of 1974, as amended, you may apply for Trade Adjustment Assistance (TAA) if increased imports have adversely affected your job. The assistance may include Trade Readjustment Allowances (TRA), which provide a weekly income once you exhaust your regular unemployment benefits if you are still unemployed. In addition, if you are totally or partially separated from your job, a Michigan Works! Agency service center can help you in preparing for and finding a new job. You may be eligible for training, allowances to search for work in other areas, and a relocation allowance to move to a new job.

Contact your local UA branch office and ask for the pamphlet UA 1628, *Adjustment Assistance for Workers Under the Trade Act of 1974*, or click on the Jobless Center link on the UA website at www.miua.com for more information.

NAFTA Transitional Adjustment Assistance

You may receive similar assistance if you lose your job or have been laid off due to trade with, or your employer's shift in production to, Canada or Mexico because of the North American Free Trade Agreement (NAFTA). This program is called NAFTA Transitional Adjustment Assistance (NAFTA-TAA).

Contact your local UA branch office and ask for the Form UA 1628-S, *NAFTA Transitional Adjustment Assistance Program*, or click on the Jobless Center link on the UA website at www.miua.com for more information.

Extended Benefit (EB) Program

The beginning and ending of extended benefit periods will be announced in the news media. You may also contact your local UA office to determine if an extended benefit period is currently in effect.

Generally, in order to be eligible for extended benefits you must: (1) be eligible and not disqualified under the Michigan law; (2) have exhausted all rights to regular state benefits; and (3) have a benefit year current within an extended benefit period.

Contact your UA branch office, or click on the Jobless Center link on the UA website at www.miua.com for updates regarding the Extended Benefits program.

Benefit Accuracy Measurement Program

Your claim could be one of those randomly selected to be reviewed as part of an accuracy measurement program. This program is designed to determine the quality of unemployment insurance payments in Michigan. It also provides the UA with information that could lead to improvements in UA procedures. It is an audit of your claim.

If your claim is selected for a review, you will be contacted for an in-depth interview regarding your claim. You will be informed of the documents you are required to bring with you. They will include your Social Security card, your marriage license (if married), and birth certificates for yourself and for any dependents. Your eligibility for benefits, work history, work search contacts, and other aspects of your claim will be reviewed.

In most cases the review will confirm that your claim was processed correctly. However, if you were over- or underpaid, adjustments may be made.

Your cooperation in the Benefit Accuracy Measurement Program will enable the UA to better serve unemployed workers in Michigan.

Crossmatch Program

The UA conducts a fraud detection and prevention system called the Crossmatch Program. Employers report the names, social security numbers, and wages of all their Michigan employees to the UA every quarter. Benefit payment information for selected claimants is compared against these quarterly wages files. This crossmatch system identifies claimants who have both worked in, and collected unemployment benefits for, the same week. The Crossmatch Program ensures that unemployment benefits are correctly paid to eligible claimants.

Child support, alimony, and bankruptcy withholding

UA withholds up to 65% of the benefits you would receive for a claimed week of unemployment for alimony or child support if we receive a court order from a circuit court. If an order is received from a federal Bankruptcy Court, withholding is not limited to 65%.

These withholdings can be from **all** unemployment insurance programs, including all federal programs, the Extended Benefit (EB) program, and the Emergency Unemployment Compensation (EUC) program.

Taxing benefits

Unemployment benefits are considered income for federal and state tax purposes. The UA sends Form 1099-G, *Certain Government and Qualified State Tuition Program Payments*, to you and the Internal Revenue Service each year showing the amount of benefits you received during the previous calendar year. The UA mails the form to claimants by the end of January. You should keep your UA branch office informed of your current address, so this important information can be mailed to you. If you disagree with the amount shown on Form 1099-G, contact the branch office for correction.

You may choose to have both **Michigan state and federal income taxes** withheld from your weekly unemployment benefits. If you choose to have income taxes withheld, both taxes will be withheld. You may **not** choose to have just one or the other withheld.

Deductions for **federal** income taxes are **10%** of the taxable portion of your weekly benefit payment (after pension and earnings reductions). Michigan state income tax is withheld at the rate in effect when the claim begins and is withheld after deductions for pensions, earnings, dependents, and exemptions. Deductions for **state** income tax are **4.1%** for benefit years beginning on or after 1/6/2002, **4.0%** for benefit years that begin on or after 1/5/2003, and **3.9%** for benefit years that begin on or after 1/4/2004. The income tax deduction is taken out *after* other mandatory deductions: *overpayment recoupment, fraud penalties, and child support*.

Individuals filing new claims in person will indicate their tax withholding choice on Form UA 1554 WR, *Application for Unemployment Benefits*. If you are filing an additional claim at the branch office, you can indicate your choice on Form UA 1564 WR, *Additional Claim for Benefits*. If you are filing a new or additional claim via the Internet, you will indicate your choice at the time of filing. If your claim was filed for you by your employer, you must complete Form UA 1581, *Income Tax Withholding*. If you are filing your additional claim by mail, you may indicate your choice on Form UA 1564-2 WR, *Additional Claim by Mail*.

You can choose to have taxes withheld only **once per benefit year** but you can *always stop* your withholding. To do this, you must complete a Form UA 1581, *Income Tax Withholding*.

All the above forms are available at UA branch offices or on the UA website at www.miua.com. Form UA 1581 is also included in the Forms Section of this booklet. Form 1099-G will reflect the state and federal income tax withheld for the calendar year.

Disclosure of information

The information that you provide to UA concerning your claim for unemployment benefits is confidential.

However, federal and state laws require that certain types of information must be provided upon request for statistical and unemployment insurance program purposes. For example, if you are handicapped as defined in Section 504 of the Rehabilitation Act of 1973, or the Americans with Disabilities Act of 1994 (i.e., have a physical or mental impairment which substantially limits one or more major life activities; a record of such impairment; or are regarded as having such impairment), then such information may be collected for statistical research purposes.

In addition, all employers must report the names, social security numbers and earnings of all their employees to the UA. This wage information will be provided to other governmental agencies to verify eligibility for Aid to Families with Dependent Children, Medicaid, Food Stamps, and other public assistance programs. Also, the UA may disclose, under certain circumstances, information on your claim to authorized federal and state agencies, or the Friend of the Court. Information concerning your benefit payments also is provided to the Michigan Department of Treasury and the Internal Revenue Service.

Child day care

The availability of quality, affordable childcare services is often a major concern of many claimants. If you are faced with a lack of adequate child day care facilities, a referral listing of local area nonprofit child day care networks is available at your county Family Independence Agency offices. For more information, call the facilities directly.

More unemployment information

Visit or contact your local UA branch office, or sign-on to the UA website, www.miua.com, for information on the following:

- Waivers of registration for work and seeking work requirements;
- Filing a claim while still working;
- Filing your claim when away from home;
- When you have worked in more than one state;
- Federal Unemployment Benefits for civilian and ex-military personnel; or
- Preserving benefit entitlement.

Having a problem with your claim for UI benefits?

Are you having a problem with your claim for unemployment benefits? Do you need some help understanding forms or procedures? If so, help is as near as your fingertips.

First, however, talk your situation over with UA staff and supervision. If you still need assistance, the UA's Claimant Customer Relations HOTLINE is ready to help.

From anywhere in Michigan, you can speak with experienced problem solvers who have access to UA unemployment benefit claims records through the automated system. They will answer your questions, explain the process, and refer you to the specific department, unit, or branch office if he or she is unable to immediately resolve your problem(s).

**The UA HOTLINE is available between
8:00 a.m. until 5:00 p.m., Monday through Friday.**

1-800-638-3995

(Available in Michigan only)

Michigan's Automated Response Voice Interactive Network

MARVIN

| | |
|--|-------|
| Who is MARVIN? | 18 |
| Advantages of Using MARVIN | 18 |
| Hours of Operation | 18 |
| Points to Remember | 18 |
| Eligibility Requirements | 18-19 |
| Getting Started | 19 |
| Schedule of Appointments | 19 |
| Personal Identification Number (PIN) | 20 |
| Selecting Your PIN | |
| Enter Your PIN | |
| PIN Script | 20 |
| Using MARVIN To Phone-In Your Biweekly Claim | 20 |
| Weeks Claimed | |
| Making The Call | |
| Using MARVIN To Ask Questions About Your Claim | 22 |
| Helpful Hints | 22 |
| Eligibility Review Program (ERP) | 22 |
| When To Report To Your Branch Office | 23 |
| MARVIN's Telephone Numbers | 23 |
| Quick Certification Method | 24 |

WHO IS MARVIN?

Michigan's Automated Response Voice Interactive Network

MARVIN allows you to communicate with the Unemployment Agency's computer by using a **touch-tone or a push-button telephone with a tone/pulse switch** (the switch must be set at "tone"). Rotary or pulse telephones cannot interact with MARVIN. MARVIN uses digitized human speech to provide you with step-by-step instructions and information regarding your claim.

To use MARVIN all you need is:

- access to a touch-tone or tone/pulse telephone
- your Social Security Number
- your Personal Identification Number (PIN)

MARVIN allows you to:

- phone-in your continued weeks of unemployment
- ask for information about your benefit check, such as the date your last payment was made and the amount.

Most claimants are required to use MARVIN to phone in their claims for continued weeks of benefits. If you are required to use MARVIN, but choose not to, you may report **in person** to the branch office during the weeks of your MARVIN appointment. You will be required to complete a paper certification form and give it to a UA employee. **Claimants who are required to report using MARVIN are not permitted to mail, fax, or deposit the paper certification form in an Unemployment Agency (UA) drop box. Reporting in person will probably delay your receiving your check by mail, as the paper certification must be processed manually. MARVIN is totally automated and has proven that it processes your claim faster.**

ADVANTAGES OF USING MARVIN

MARVIN gives you improved services by:

- allowing you to phone-in instead of mailing forms every two weeks
- telling you the amount of your benefit check and the date your check will be mailed
- checks are received faster because there are no certification forms to complete and mail
- service is available from 8:00 a.m. through 7:00 p.m., Monday through Friday.

HOURS OF OPERATION

MARVIN is available **Monday through Friday** between the hours of **8:00 a.m. through 7:00 p.m., Eastern Time**. You will be assigned an appointment day and hour to phone-in. Your appointment day will either be on a Monday, Tuesday, or Wednesday. Appointment hours are scheduled between 8:00 a.m. and 6:00 p.m. You may not phone-in at any other time on Monday, Tuesday, or Wednesday. **If you miss your appointment you may phone-in on Thursday or Friday between the hours of 8:00 a.m. through 7:00 p.m.** It is in your best interest to call at your appointment time so your check can be received timely. The longer you wait, the longer it will take to receive your check.

**MONDAY, TUESDAY
WEDNESDAY**
8:00 a.m. – 7:00 p.m.
Certify by Appointment Only
Inquire Anytime

**THURSDAY
FRIDAY**
8:00 a.m. – 7:00 p.m.
Certify or Inquire Anytime
No Appointment Necessary

- MARVIN operates on Eastern Time.
- If your scheduled appointment day falls on a holiday, MARVIN will be available to take your call.

Note: Whether you use MARVIN or certify for benefits using a different method, checks are always mailed. The branch offices do not issue checks.

Do not let anyone else certify for you. If anyone else certifies for you, both you and the other person may be prosecuted.

POINTS TO REMEMBER:

- If you **stop claiming benefits** for even one week, because of a return to work or other reason, and then wish to reactivate your claim, **you may not reactivate your claim by using MARVIN**. You may reactivate the claim by going in to your branch office to file. In some cases, you may be able to reactivate your claim by filing by mail or drop box. Check with your branch office to see if you can use these methods. You **must** file to reactivate your claim during the **first week** for which you are claiming benefits. Refer to Part One of this booklet for details on filing claims on time.
- If you **do not certify using MARVIN** during your appointment week, you are considered late. If you certify late and do not have good cause, your certification will be effective as of the week received. You will not be paid for any week before that. If you have good cause, you may be paid for the earlier week(s). Also, if it is found that you do not have good cause for filing late, your new, additional, or reopened claim will be effective beginning the week in which it is filed.

Using MARVIN is the standard method of certifying. However, you may certify in person or you may be required to certify by mail.

Contact your local UA branch office for special instructions if:

- you are in a training program approved by UA.
- you are claiming a flexible week.
- you are self-employed and submitting a profit/loss statement.
- you are not able to use MARVIN, for whatever reason.
- you are receiving weekly Trade Readjustment Allowances (TRA).

If you are **certifying** to being eligible for weeks of unemployment benefits (filing a **continued claim**) by mail, the certification form must be received by the Agency no later than the Friday following the end of the last week you are claiming. If certifying by calling MARVIN, you must complete your call no later than the Friday of the week following the last week you are claiming.

If you **certify** late and do not have good cause for being late, your certification will be effective as of the week received. You will not be paid for any week before that. If you have good cause, you may be paid for the earlier week(s). Also, if it is found that you do not have good cause for filing late, your **new, additional, or reopened claim** will be effective beginning the week in which it is filed.

You may be required to report to the branch office if you stop certifying by telephone or mail for any reason.

Eligibility requirements

When you phone MARVIN, you will be asked about your eligibility for the two calendar weeks that ended on the Saturday before your scheduled call-in day. If you are filing your continued claims by mail, you must answer the eligibility questions on your certification-by-mail form.

You must meet the following requirements every week unless they are waived:

- 1. Certify for benefits timely.** Certify by calling MARVIN **bi-weekly** or sending in your certification form during the week **following the week(s) you are claiming**. If you do not, your payment may be held up or you may lose your benefits.

Even if you must serve a requalification period or are protesting a denial of benefits, you should keep reporting as instructed.
- 2. Register for work.** When you file your application for unemployment benefits, you must register for work by filing a résumé application at a Michigan Works! Agency service center, unless this requirement is waived by the UA. The service center will do all it can to help you find employment. You can call **1-800-285-WORKS** for the service center nearest to you.
- 3. If selected for the Profiling/Reemployment Services Program**, report and participate as agreed upon.

4. **Seek work.** You must try to find a job yourself. Filing an application with a Michigan Works! Agency service center is not enough. If a person in your line of work usually finds a job by going in person to an employer's plant, place of business, or employment office; registering with a union; answering help wanted ads; taking Civil Service examinations for government jobs; sending résumés; or by any other method, then you are expected to do the same things to find work.

If the chances of finding a job in your occupation are not good, you should look for other work compatible with your experience, training, and earnings. The longer you are unable to find work in your regular occupation, the more you should look for work in other lines, and the more willing you should be to accept a job that pays less. See item 5 under **"Disqualifications,"** in Part One of this booklet.

Keep a log of places you contacted for work, including the date contacted, address, phone number, and person to whom you spoke.

5. **Be able to work.** You must be physically and mentally able to work full-time. You must be able to do the kind of work that you did in the past or other work that is in line with your experience, training, and education.
6. **Be available for work.** You must be ready and willing to take a full-time job on any shift during which your work is ordinarily performed. If not, you should answer "no" when MARVIN asks you if you were able and available, or when you respond on your certification forms.

The availability requirement will be waived if there is a death in your immediate family. This waiver will begin on the date of the death and continue for 4 additional days. An "immediate family member," in addition to a spouse, includes your (or your spouse's) child, stepchild, adopted child, grandchild, parent, grandparent, brother, or sister. It also includes the spouses of these individuals.

7. **Be unemployed.** This means that you did not work at all during the week(s) for which you are claiming benefits, or, if you worked part-time, your total earnings (not just take-home pay) were less than 1½ times your weekly benefit amount. People who work enough hours to be considered full-time by the employer (generally, but not always, 40 hours a week) are not unemployed and cannot receive benefits even if they earn less than 1½ times their weekly benefit amount. Be sure to answer "yes" if you worked and report your entire earnings before deductions for income tax, pensions, savings bonds, life or health insurance, union dues, etc., even if you have not yet been paid.

We must know your total earnings, not just your take-home pay. Report your **gross earnings for the week(s) you are certifying for**, not the week you receive the wage payment. If you draw benefits for a week(s) or a partial week(s) you were not entitled to, you could be subject to severe penalties.

If you worked on a shift, which began on Saturday and ended on Sunday, the full amount of wages earned on that shift must be included in the week containing the Saturday.

Be sure to report any time you did not report to work as scheduled. Earnings lost because of not reporting as scheduled must be considered in deciding whether you may receive benefits. For example, if you were instructed to return to work on Thursday but you did not report until Friday, the wages lost by not working as scheduled on Thursday would be considered as earned (along with Friday's earnings) in determining whether you are eligible for benefits for that week. In addition, if you have received, or will receive, holiday pay, vacation pay, retirement benefits or automatic short week benefits for the week you are claiming, you must report this to the UA.

If you are on a leave of absence from work granted by your employer, either at your request or according to a collective bargaining agreement, you generally would not be considered "unemployed" and would not, therefore, be entitled to unemployment benefits. However, if you are on a mandatory leave of absence based on your employer's policy, you could still be entitled to unemployment benefits if you meet the other eligibility requirements.

If you elect to be laid off, you could be eligible for benefits if 1) your employer is planning a temporary layoff for lack of work; 2) the election to be laid off is an option provided under a collective bargaining agreement or written employer plan; and 3) the employer consents to your election. You must, however, meet the other eligibility requirements.

GETTING STARTED

Before calling MARVIN, there are a few things you need to do:

- (1) Read this entire booklet before you phone-in your biweekly claim. Have your responses ready to enter.
- (2) Use this Schedule of Appointments to find out your appointment time.
- (3) Select your four digit Personal Identification Number (PIN).
- (4) Know the week ending dates for the weeks you are claiming. You must use Saturday's date for the week ending date.

SCHEDULE OF APPOINTMENTS

Your appointment day and time is found by using the last two digits of your Social Security Number. For example:

If your Social Security Number is:

555-55-5511

The last two digits are 11.

- Look at the schedule below and locate the number 11. **Number 11 falls on Monday between numbers 10 and 12.**
- Under the column labeled **"TIME,"** the appointment for number 11 is between the hours of **11:00 a.m. – 12:00 noon.** This is the designated hour during which you **should** phone-in your claim. You may ask questions about payment of your claim at any time.

| TIME | MONDAY | TUESDAY | WEDNESDAY |
|---------------|-----------------|----------|-----------|
| 8:00 – 9:00 | 00-01-02-03 | 34-35-36 | 67-68-69 |
| 9:00 – 10:00 | 04-05-06 | 37-38-39 | 70-71-72 |
| 10:00 – 11:00 | 07-08-09 | 40-41-42 | 73-74-75 |
| 11:00 – 12:00 | 10-11-12 | 43-44-45 | 76-77-78 |
| 12:00 – 1:00 | 13-14-15 | 46-47-48 | 79-80-81 |
| 1:00 – 2:00 | 16-17-18 | 49-50-51 | 82-83-84 |
| 2:00 – 3:00 | 19-20-21 | 52-53-54 | 85-86-87 |
| 3:00 – 4:00 | 22-23-24 | 55-56-57 | 88-89-90 |
| 4:00 – 5:00 | 25-26-27 | 58-59-60 | 91-92-93 |
| 5:00 – 6:00 | 28-29-30 | 61-62-63 | 94-95-96 |
| 6:00 – 7:00 | 31-32-33 | 64-65-66 | 97-98-99 |

If you are unable to call during your appointed time, you may call on **Thursday or Friday between 8:00 a.m. and 7:00 p.m.** If you miss your scheduled appointment, you may not receive your check on time.

PERSONAL IDENTIFICATION NUMBER (PIN)

In order to claim weeks of unemployment or ask questions about your claim, you will need a **secret Personal Identification Number (PIN)**. Your PIN is a four-digit number that serves as your electronic signature for claiming and receiving unemployment benefits and for obtaining information regarding your claim.

Selecting Your PIN

Prior to calling in the first time, you must decide what you want your four-digit PIN to be. When selecting your PIN, be sure to choose numbers that will be easy for you to remember. If you forget your PIN, or if you believe someone else knows your PIN, report in-person to your branch office, with picture identification, and request that your PIN be changed. **The staff at UA will not know or have access to your PIN.**

In choosing your PIN, for your added security, you should not use parts or variations of your:

- Social Security Number
- Credit Card Numbers
- Birthdate
- Checking or Savings Account Numbers
- Telephone Number
- Address

REMEMBER, YOUR PIN IS YOUR SECRET IDENTIFICATION NUMBER. DO NOT TELL ANYONE YOUR PIN!

Entering Your PIN

When you call MARVIN for the first time, you must enter your chosen PIN. This is how to enter your PIN.

- (1) The last section in this booklet lists MARVIN's telephone numbers. Dial MARVIN's number listed for your branch office.
- (2) MARVIN will begin your process as follows:

PIN SCRIPT

MARVIN: Welcome to Michigan's Automated Response Voice Interactive Network. You can call me MARVIN!

If you need to file a claim you must report to your branch office.

CUSTOMER: If you are using a touch-tone phone – Press 1 now.

MARVIN: To claim weeks of unemployment – Press 1.

To inquire – Press 2.

To listen to helpful hints about MARVIN – Press 3.

To complete the Eligibility Review Process (ERP) – Press 4 (available Thursdays and Fridays only).

If you wish to end this call at any time, just hang up.

CUSTOMER: Make your selection by pressing 1, 2, 3, or 4 on your telephone keypad.

MARVIN: Please enter your Social Security Number now.

CUSTOMER: Enter your nine-digit Social Security Number.

MARVIN: Please enter your chosen four-digit Personal Identification Number (PIN) now.

CUSTOMER: Enter your four digit PIN.

MARVIN: Please re-enter your chosen four-digit Personal Identification Number.

CUSTOMER: Re-enter the same four-digit number to confirm.

MARVIN will allow you three attempts to confirm your PIN. If you cannot do so by the third try, MARVIN will refer you to your booklet and disconnect.

Once you have confirmed your PIN, MARVIN will say:

MARVIN: Your Personal Identification Number is accepted. You should use this four-digit number each time you call.

Once you have successfully entered your PIN, MARVIN will begin the process selected.

USING MARVIN TO PHONE-IN YOUR BIWEEKLY CLAIM

Weeks Claimed

You can only claim the two weeks prior to the week you phone-in. For example:

Looking at the calendar below, if you call MARVIN on **Tuesday, March 22**, you may only claim the weeks ending **Saturday, March 12**, and **Saturday, March 19**. You may not claim the week ending Saturday, March 5. If you are claiming weeks other than the two weeks before the week you phone-in your claim, you must report, in person, to your branch office.

| MARCH | | | | | | |
|-------|-----|-----|-----|-----|-----|-----|
| SUN | MON | TUE | WED | THU | FRI | SAT |
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | | |

Making the Call

MARVIN will ask you a series of questions. **You must answer all questions truthfully. Giving false information, having someone else call in for you, or answering questions for anyone other than yourself is considered fraud. Any benefits you received through fraud may have to be paid back to the UA at three times the amount, or you may be required to serve a jail sentence, and/or pay a fine, and/or perform community service.**

To answer the questions that MARVIN will ask you, use the keys on your touch-tone telephone keypad:

| PRESS | DESCRIPTION |
|-------|--------------------|
| 0 | TO REPEAT QUESTION |
| 1 | FOR "YES" |
| 9 | FOR "NO" |

When you have completed entering your information, do not hang up until MARVIN says GOOD BYE. This means that MARVIN has completed recording your information. If you hang up before MARVIN tells you GOOD BYE, your check will not be issued.

• • • • •

You are now ready to make the call!

(1) The last section in this booklet lists MARVIN's telephone numbers. Dial MARVIN's number listed for your branch office.

(2) MARVIN will begin your process as follows:

MARVIN: Welcome to Michigan's Automated Response Voice Interactive Network. You can call me MARVIN!

If you need to file a claim you must report to your branch office.

CUSTOMER: If you are using a touch-tone phone – Press 1 now.

To claim weeks of unemployment – Press 1.

To inquire – Press 2.

To listen to helpful hints about MARVIN – Press 3.

To complete the Eligibility Review Process (ERP) – Press 4 (available Thursdays and Fridays only).

If you wish to end this call at any time, just hang up.

CUSTOMER: Make your selection by pressing 1, 2, 3, or 4 on your telephone keypad.

MARVIN: Please enter your Social Security Number now.

CUSTOMER: Enter your nine-digit Social Security Number.

MARVIN: Please enter your chosen four-digit Personal Identification Number (PIN) now.

CUSTOMER: Enter your four digit PIN .

If you hang up before I tell you GOOD BYE, your check will not be issued. Warning! You must answer all questions truthfully. Giving false information or answering questions for anyone other than yourself constitutes fraud and is punishable by law.

If you need a question repeated, you may press "0" at any time. You must answer all questions by pressing "1" for "Yes," and "9" for "No."

MARVIN will begin the certification process.

These questions apply only for the week(s) you are claiming.

QUESTION #3: WERE YOU ABLE TO WORK FULL-TIME AND AVAILABLE FOR FULL-TIME WORK?

YES > Press 1 if you were able to work and available for full-time work during the week(s) you are claiming.

NO > Press 9 if you were not able to work and available for full-time work during the week(s) you are claiming.

QUESTION #4: WERE YOU SEEKING WORK?

YES > Press 1 if you did seek work during the week(s) you are claiming.

NO > Press 9 if you did not seek work during the week(s) you are claiming.

QUESTION #5: DID YOU QUIT ANY WORK, FAIL TO ACCEPT A JOB OFFER, OR GET FIRED FROM A JOB?

YES > Press 1 if you did quit, were fired by an employer, or refused work during the week(s) you are claiming.

NO > Press 9 if you did not quit, were not fired, or did not refuse work during the week(s) you are claiming.

QUESTION #6: DID YOU BEGIN SCHOOL OR TRAINING OR BEGIN RECEIVING A PENSION?

YES > Press 1 if you did begin school, training, or receiving a pension during the week(s) you are claiming.

NO > Press 9 if you did not begin school, training, or receiving a pension during the week(s) you are claiming.

This question applies only for the week(s) you are claiming.

QUESTION #7: DID YOU HAVE EARNINGS, VACATION PAY, OR HOLIDAY PAY?

YES > Press 1.

> MARVIN will ask if you had earnings during the first week you are calling in for.

• If yes, press 1. You will be instructed to enter the dollar amount and press the star key (*).

For example: If your before deduction earnings were \$137.56, enter only the dollar amount and press the star key (*).

137*

MARVIN will ask you to enter the cents and press the star key (*).

56*

• If no, press 9.

> MARVIN will ask if you had earnings during the second week you are calling in for.

• If yes, press 1. You will be instructed to enter the dollar amount and press the star key (*).

For example: If your before deduction earnings were \$75.00, enter only the dollar amount and press the star key (*).

75*

MARVIN will ask you to enter the cents and press the star key (*).

00*

• If no, press 9.

NO > Press 9.

NOTE: If your earnings are from vacation pay, please contact your branch office.

QUESTION #1: ARE YOU BACK TO WORK FULL TIME?

YES > Press 1 on your keypad.

> You will be asked to enter your back-to-work date. You must enter six digits, 2 for the month, 2 for the date, and 2 for the year (070502).

> MARVIN will repeat the date you entered.

• If this date is correct, press 1.

• If not, press 9. MARVIN will repeat the question.

You may enter the correct date.

NO > Press 9 on your keypad. MARVIN will ask question #2.

QUESTION #2: ARE YOU CLAIMING BOTH WEEKS ENDING SATURDAY, MM/DD/YY AND SATURDAY, MM/DD/YY?

YES > Press 1.

MARVIN will go to question #3.

NO > Press 9.

> MARVIN will ask if you are claiming benefits for week #1. MARVIN will give you the week ending date.

• If yes, press 1. • If no, press 9.

> MARVIN will then ask if you are claiming benefits for week #2. MARVIN will give you the week ending date.

• If yes, press 1. • If no, press 9.

> If your response was "No" for weeks #1 and #2, and you are claiming other weeks, you must report to your branch office.

If your response was "Yes" for one or both weeks, MARVIN will ask question #3.

If you are an ex-servicemember, MARVIN will ask the following question. If you are not, MARVIN will skip this question.

Question applies only to ex-servicemembers.

QUESTION #8: DID YOU BEGIN RECEIVING A SUBSISTENCE ALLOWANCE FROM THE DEPARTMENT OF VETERANS' AFFAIRS FOR VOCATIONAL REHABILITATION TRAINING, SURVIVOR'S OR DEPENDENT'S EDUCATIONAL ASSISTANCE, OR SPECIAL ASSISTANCE FOR THE EDUCATIONALLY DISADVANTAGED?

YES > Press 1.

NO > Press 9.

After you have answered all of the questions, MARVIN will repeat the information that you have entered. MARVIN will then ask:

If the information is correct DO NOT HANG UP! > Press 1

If any information is not correct > Press 9

MARVIN will repeat questions 2 through 7. If you are an ex-servicemember, question 8 will also be repeated. If information still is incorrect, MARVIN will hang up. Review instructions in your booklet and call back. If you continue to have problems, contact your branch office.

If you are eligible for benefits, MARVIN will tell you the dollar amount and the date your check will be mailed. If you do not agree with the amount of your check, go to your branch office. If your check is not payable, MARVIN will accept your information and tell you what to do next.

MARVIN will then tell you GOOD BYE. Remember, DO NOT HANG UP UNTIL MARVIN SAYS GOOD BYE. If you hang up before you hear the words GOOD BYE, your information will not be recorded and no check will be sent. You must call back and begin the process over again.

If after completing your call you find that you made an error, you must call or go to your branch office immediately. If possible, go on the same day the error was made.

USING MARVIN TO ASK QUESTIONS ABOUT YOUR CLAIM

When you have questions concerning your claim, MARVIN will assist you. MARVIN can give you information such as the **date your last check was mailed, the amount of your last check, the number of weeks already paid, and the number of payments you have left**. Contact your branch office if you need information.

You may call MARVIN to ask questions about your claim anytime Monday through Friday between the hours of 8:00 a.m. and 7:00 p.m.

To ask MARVIN questions about your claim:

- (1) The last section in this booklet lists MARVIN's telephone numbers. Dial MARVIN's number listed for your branch office.
- (2) MARVIN will begin your process as follows:

MARVIN: Welcome to Michigan's Automated Response Voice Interactive Network. You can call me MARVIN!

If you need to file a claim you must report to your branch office.

CUSTOMER: If you are using a touch-tone phone – Press 1 now.

MARVIN: To claim weeks of unemployment – Press 1.

To inquire – Press 2.

To listen to helpful hints about MARVIN – Press 3.

To complete the Eligibility Review Process (ERP) – Press 4 (available Thursdays and Fridays only).

If you wish to end this call at any time, just hang up.

CUSTOMER: Make your selection by pressing 1, 2, 3, or 4 on your telephone keypad.

Press 2 to inquire about your claim.

Please enter your Social Security Number now.

Enter your nine-digit Social Security Number – XXX XX XXXX.

MARVIN: Please enter your chosen four-digit Personal Identification Number (PIN) now.

CUSTOMER: Enter your four digit PIN – XXXX.

MARVIN: If you would like to know the last payment date and check amount > Press 1.

If you would like to know the balance of weeks payable > Press 2.

If you would like to know the date of the most recent certification > Press 3.

To end the call > Press 4.

If you would like to certify, you will need to call MARVIN back.

CUSTOMER: If you press 1, MARVIN will say:

Your last pay date is _____ for the amount of \$_____. Please allow at least ten working days from the time you phone-in your certification before you inquire about your benefit check.

If you press 2, MARVIN will say:

You are entitled to _____ weeks. Your balance is _____, and the number of weeks that you have already been paid is _____.

If you press 3, MARVIN will say:

Your last certification was for the week ending _____.

If you press 4, MARVIN will say:

GOOD BYE and disconnect.

All three choices will repeat after MARVIN answers your question.

HELPFUL HINTS

If you cannot certify during your appointment hour because the system was not available, your specific appointment time requirement is automatically waived for the week, but you must still call back sometime during normal operating hours in that week.

Try calling another branch office in your area if MARVIN is not available at your home service location. Refer to the end of this section for the branch office or MARVIN phone numbers in your call area.

Sometimes the phone lines are busy at the beginning of the appointment hour. You might try calling a few minutes later during the appointment hour.

ELIGIBILITY REVIEW PROGRAM (ERP)

You may be selected for the Eligibility Review Program (ERP) program based on the length of your continuous unemployment. The ERP is intended to help you identify and remove barriers which prevent you from returning to gainful employment and reduce the duration of your unemployment. If you are selected, you will receive Form UA 1726-S, *Eligibility Review Questionnaire*, in the mail. To complete the ERP timely call MARVIN and select Option 4 on the first Thursday or Friday (but within 21 days of the mail date) after receiving the form. Benefit payment will continue without delay if the ERP is completed timely and all questions are answered in a manner which does not indicate a possible ineligibility.

If selected, you must call MARVIN to complete the ERP **in addition** to your regular MARVIN certification day and time to continue receiving benefit payments. If you do not call MARVIN to complete the ERP, you must report to the branch office in person for a statement and to complete Form UA 1726, *Eligibility Review Questionnaire*. You will not be eligible for future benefits until the ERP requirement is satisfied.

WHEN TO REPORT TO YOUR CUSTOMER SERVICE LOCATION

If you have trouble using MARVIN, contact your branch office immediately. You must go in person to your branch office:

- ✓ to file a new claim, an additional claim, or to reopen your claim
- ✓ if you need to change your PIN
- ✓ when you receive a call-in notice from UA
- ✓ if you find an error after you have completed your call
- ✓ whenever MARVIN tells you to go to your branch office.

If you need to change your address, you have the option of mailing in the appropriate form, or going to your local branch office. It is important that you notify your local branch office as soon as possible so that your check is mailed to the correct address.

Remember, if you have any questions or concerns, the UA branch office staff is available to help you. UA's Claimant Customer Relations staff are also available from 8:00 a.m. through 5:00 p.m. Eastern Time. They can be reached at **1-800-638-3995**, Monday through Friday, to give you a hand.

• MARVIN'S TELEPHONE NUMBERS •

To phone-in your biweekly claim or ask questions about your claim, use MARVIN's designated telephone number for your branch office. The list is divided into calling areas. You may call any of MARVIN's telephone numbers within the calling area of your branch office. If you call a telephone number in another area, MARVIN will not know who you are. For example:

If your claim is in Branch Office #07, Dearborn, it is in Area 3. You must first try to call MARVIN's telephone number for Branch Office #07. If after several tries the line is not available, you may call MARVIN's telephone number at any other branch office in Call Area 3 (Branch Office #13 or #15).

NOTE: If during your call to MARVIN there is background noise (a loud radio, television, or talking), static on the line, or if you're using a cellular phone and have a bad connection, you may need to hang up and call back. These sounds may interfere with your communicating with MARVIN.

| Call Area | Branch Office Number | Location | MARVIN's Phone Number | Branch Office Phone Number |
|-----------|----------------------|------------------|-----------------------|----------------------------|
| 1 | 04 | Detroit (West) | 313/934-9910 | 313/934-0950 |
| | Off. Closed | Livonia | 248/476-5339 | ----- |
| | 23 | Sterling Heights | 586/939-8585 | 586/939-9650 |
| 2 | 03 | Detroit (East) | 313/822-9744 | 313/822-9500 |
| | 16 | Mt. Clemens | 586/791-9771 | 586/791-2930 |
| | 98 | IB Unit | 313/876-5055 | 313/876-5704 |
| 3 | 07 | Dearborn | 313/565-8488 | 313/565-8300 |
| | 13 | Canton | 734/453-4990 | 734/453-3520 |
| | 15 | Monroe | 734/384-9999 | 734/241-1771 |
| 4 | 51 | Adrian | 517/263-5452 | 517/263-0441 |
| | 55 | Jackson | 517/782-8887 | 517/782-8131 |
| | 56 | Lansing | 517/887-9922 | 517/334-6726 |
| | 71 | Battle Creek | 616/962-9399 | 616/962-5411 |
| | 79 | Sturgis | 616/651-7488 | 616/651-2375 |
| 5 | 08 | Madison Heights | 248/589-0888 | 248/589-1600 |
| | 64 | Lapeer | 810/664-8898 | 810/664-4270 |
| | 65 | Bad Axe | 989/269-1988 | 989/269-6439 |
| | 66 | Port Huron | 810/982-1399 | 810/982-8533 |
| 6 | 31 | Alma | 989/463-1111 | 989/463-2137 |
| | 33 | Bay City | 989/894-9199 | 989/894-2981 |
| | 37 | Saginaw | 989/753-7339 | 989/753-6372 |
| | 63 | Flint | 810/232-7330 | 810/232-7110 |
| 7 | 25 | Muskegon | 231/767-9599 | 231/767-0868 |
| | 35 | Fremont | 231/924-2999 | 231/924-2240 |
| | 43 | Grand Rapids | 616/361-8888 | 616/361-3200 |
| | 45 | Holland | 616/396-7919 | 616/396-3581 |
| | 46 | Ionia | 616/527-8884 | 616/527-1900 |
| | 72 | Benton Harbor | 616/925-9224 | 616/925-1118 |
| 8 | 75 | Kalamazoo | 616/349-0101 | 616/349-9621 |
| | 20 | Reed City | 231/832-2771 | 231/832-5593 |
| | 21 | Cadillac | 231/775-6637 | 231/775-3408 |
| | 24 | Manistee | 231/723-2884 | 231/723-2535 |
| | 27 | Petoskey | 231/347-7088 | 231/347-5150 |
| | 29 | Traverse City | 231/922-0556 | 231/922-3700 |
| | 32 | Alpena | 989/356-9001 | 989/354-2157 |
| | 39 | West Branch | 989/345-6377 | 989/345-2430 |
| | 81 | L'Anse | 906/524-4600 | 906/524-6425 |
| | 82 | Escanaba | 906/786-2322 | 906/786-6841 |
| | 83 | Houghton | 906/482-9099 | 906/482-2100 |
| | 86 | Ironwood | 906/932-1148 | 906/932-5400 |
| | 89 | Marquette | 906/226-3885 | 906/226-7543 |
| | 96 | Sault Ste. Marie | 906/632-0499 | 906/632-2239 |

QUICK CERTIFICATION METHOD

After using MARVIN a few times, these condensed instructions provide a quick method of certifying for weeks of unemployment.

1. Call MARVIN's telephone number at your branch office.
Enter MARVIN's telephone number here for future use:
() .
2. Enter your Social Security Number using the keypad on your touch tone phone or a phone with a tone-pulse switch (the switch must be set on tone).
3. Enter your four digit Personal Identification Number (PIN). Do not write your PIN in this booklet.
4. **Press 1** to claim weeks of unemployment.
Press 2 to inquire about payment on your claim.
Press 3 for Helpful Hints about MARVIN.
Press 4 to complete the Eligibility Review Process (ERP) (available Thursdays and Fridays only).
Hang up to end the call at any time.
5. MARVIN will ask you several questions. Answer these questions by pressing:
 - **1** if your answer is YES.
 - **9** if your answer is NO.
 - * Press the star key after entering the dollar amount and the cents.
\$150.20 = Enter dollar amount: 150*
Enter cents amount: 20*
 - When entering dates, do not leave spaces – 072502
6. MARVIN will repeat all of your answers.
 - **Press 1** if all of your answers are correct.
 - **Press 9** if any of your answers are wrong. The questions will repeat once more.

After three failed attempts to enter the correct information, MARVIN will tell you to review your handbook or contact your branch office for assistance.
7. MARVIN will tell you the date your check will be mailed and the dollar amount. If your check is not payable, MARVIN will tell you what to do next.
8. Do not hang up until MARVIN tells you **GOOD BYE**.

INDEX

**Information
Is On Page:**

**Form
Is On Page:**

| | | |
|--|--------------------|-------------|
| Able, available for work | 19 | |
| Additional Claim | 2, 7, 9, 18 | F-19 – F-20 |
| Addresses, Branch Office Locations | Inside Back Cover | |
| Administrative Law Judge | 2 | |
| Advocacy Program | 13 | |
| Alien / Non-Citizen, Immigration and Naturalization Service (INS) | 6 | F-3 |
| Appeal rights, Appeals video | 1-2,13 | |
| Bankruptcy withholding | 14 | |
| Benefit Accurate Measurement (BAM) | 14 | |
| Benefit Year | 2 | |
| Calendar | Inside Front Cover | |
| Certifying using MARVIN | 1, 7, 12, 21-22 | |
| Certifying by mail | 1, 6, 8, 12, 18 | |
| Child Day Care | 15 | |
| Child Support and alimony withholding | 9, 14 | |
| Crossmatch Program | 14 | |
| Denial periods | 11 | |
| Dependents | 6, 7 | F-5 |
| Determination | 1 | |
| Disclosure of Information | 15 | |
| Disqualification | 11, 12 | |
| Earnings calculation, Vacation pay, Holiday Pay | 8, 9 | |
| Eligibility Review Program (ERP) | 22 | |
| Employer Filed Claims (EFC) | 6 | |
| Extended Benefits (EB) | 14 | |
| Filing claims on time | 7 | |
| Flexible Week | 10, 18 | |
| Forms Section to tear out, complete and return | F-1 – F-20 | |
| Help | 13, 16 | |
| HOTLINE | 16 | |
| Income Tax Withholding | 6, 15 | F-7 |
| INS, Immigration and Naturalization Service | 6 | F-3 |
| Internet Filed Clams, (IFC) | 7 | |
| Introduction | 1-2 | |
| MARVIN, appointment days and times | 19 | |
| MARVIN, Michigan’s Automated Response Voice Interactive Network | 18-24 | |

INDEX

**Information
Is On Page:**

**Form
Is On Page:**

| | | |
|--|-----------------|------------|
| MARVIN, telephone numbers | 23 | |
| Michigan Talent Bank, (MTB) | 6, 7 | |
| Michigan Works Agency, (MWA) | 6, 7, 8 | |
| More unemployment information | 15 | |
| NAFTA, North American Free Trade Agreement | 14 | |
| Name and/or address change | | F-13 |
| Overpayment, Restitution | 13 | |
| Part One, Benefit Rights, Responsibilities and Terms Every Claimant Must Know | 5-16 | |
| Part Two, Using MARVIN to Certify to Weeks of Unemployment | 17-24 | |
| Penalties for false statements | 6, 8, 20 | |
| Personal Identification Number, PIN | 20 | |
| Professional Athlete Denial Period | 11 | |
| Profiling/Reemployment Services | 8, 18 | |
| Protest Rights | 1, 2 | |
| Redetermination | 1, 2 | F-11 |
| Register for Work | 6, 7, 18 | |
| Reporting | 18 | |
| Requalification | 12, 18 | |
| Retirement Benefits | 10 | |
| Return to Work | 8, 18 | |
| School Denial Period | 11 | |
| Seasonal Denial Period | 11 | |
| Seeking Work | 19 | |
| Separation statement | 6 | F-9 – F-10 |
| Subsequent Claims | 9 | |
| Taxing Benefits | 6, 15 | F-7 |
| Timeliness | 1, 6, 7, 18, 19 | |
| TRA, Trade Readjustment Allowances / TAA, Trade Adjustment Assistance | 14, 18 | |
| Training | 18 | |
| UA Website | 1, 7, 8, 15 | |
| Unemployed, with earnings, definition | 8, 9, 19, 21 | |
| Wages – needed to establish eligibility | 7 | |
| Waiver of Repayment | 13 | |
| Weekly benefit amount, (WBA) | 7 | |

Tear-Out Forms

IF NEEDED, RETURN THE FOLLOWING FORMS TO:

**EMPLOYER FILED CLAIMS UNIT
P.O. BOX 02986
DETROIT, MI 48202-0903
FAX: 313/456-2766**

| | |
|--|-----|
| Alien Consent of Disclosure (UA 1509 EFC) | F-3 |
| Request for Redetermination of Dependency Allowance (UA 1554-S WR) | F-5 |
| Income Tax Withholding (UA 1581 WR) | F-7 |

IF NEEDED, RETURN THE FOLLOWING FORMS TO THE BRANCH OFFICE WHERE YOUR CLAIM RECORDS ARE HELD. Your branch office location appears in the upper right corner of Form UA 1575C WR, *Monetary Determination*. Refer to the inside back cover of this booklet for a complete listing of branch office locations, telephone and fax numbers.

| | |
|--|------|
| Claimant Separation Statement (UA 1702 EFC) | F-9 |
| Protest of a (Re)Determination (UA 1733) | F-11 |
| Request for Name and/or Address Change (UA 1925) | F-13 |
| Claimant's Record of Work Search (UA 1924) | F-15 |
| Claimant's Record of Telephone Calls to MARVIN (UA 1932) | F-16 |
| Claimant's Statement of Wages (UA 1718 WR) | F-17 |
| Additional Claim By Mail (UA 1564-2 WR) | F-19 |

If you have any problems or questions completing the enclosed forms, please contact your branch office or the Claimant Customer Relations HOTLINE at 1-800-638-3995.



ALIEN CONSENT OF DISCLOSURE

IF YOU ARE NOT A UNITED STATES CITIZEN OR NATIONAL, YOU MUST COMPLETE AND RETURN THIS FORM WITH COPIES OF YOUR INS DOCUMENT(S) TO THE ADDRESS BELOW TO BE ELIGIBLE FOR UNEMPLOYMENT BENEFITS.

Your Employer Filed Claim (EFC) for unemployment benefits has been processed as a new claim. The Unemployment Agency (UA) must verify that you are lawfully present in the United States for the purpose of performing work for an employer. Complete and mail this form **and** copies of your INS documentation to the address below. **FAILURE TO RETURN THE REQUIRED DOCUMENTS WITHIN 5 DAYS MAY RESULT IN AN OVERPAYMENT OF BENEFITS AND PENALTY OF FINE, AND/OR IMPRISONMENT, AND/OR COMMUNITY SERVICE FOR WITHHOLDING MATERIAL INFORMATION TO SECURE BENEFITS.**

You must send **clear** copies of the **front and back** of your INS document(s) containing your Alien Registration Number and the Expiration Date of that registration.

Common documents provided by INS to aliens are:

| | |
|--------------------------------------|--|
| Form I-1551 | Permanent Resident Card or Resident Alien Card |
| Forms I-766, I-688A, or I-688B | Employment Authorization Document |
| Form I-94 | Arrival Departure Record |
| Form I-797A | Notice of Action and/or Receipt |
| Form I-688 | Temporary Resident Card |
| | Passport/VISA with INS stamp |

If the name on any of your INS documents differs from the name you used to file for unemployment benefits you must also send a clear copy of your driver license, Social Security card, union membership card, birth certificate, marriage license, or other official documentation to establish your identity.

COMPLETE THIS PAGE AND RETURN IT WITH YOUR DOCUMENTS TO:
EMPLOYER FILED CLAIMS UNIT
P.O. BOX 02986
DETROIT, MI 48202-0903
FAX: (313) 456-2766

I freely and voluntarily waive the confidentiality provision of the Immigration Reform and Control Act of 1986 (IRCA) to permit the Immigration and Naturalization Service (INS) to provide the state of Michigan, Unemployment Agency, with my alien status for purposes of determining my eligibility for unemployment benefits.

I understand that the IRCA precludes the INS from using, publishing, or making available information related to my application for adjustment to temporary residence except as provided by law (confidentiality provision).

Name of INS Document _____

Alien Registration Number _____ Expiration Date _____

Print
Your Name: _____ Social Security Number: _____

Signature: _____ Date: _____



REQUEST FOR REDETERMINATION OF DEPENDENCY ALLOWANCE

YOUR SOCIAL SECURITY NUMBER - -

YOUR NAME _____
(Please Print) Last First M.I.

The Michigan Employment Security Act provides for establishing your Weekly Benefit Rate based on 4.1% of your highest quarter base period wages, plus \$6.00 for each dependent, up to a maximum of 5 dependents. **Even if dependents are allowed, your Weekly Benefit Amount cannot exceed \$300.00.** Only one person may claim or receive a dependency allowance for the same individual.

A correction made to your dependency allowance based on this request is effective with the beginning of your benefit year, and remains in effect until the benefit year expires. A dependent is not added or removed during a benefit year, even in cases of a birth, death, age change, marriage or divorce. However, if good cause is established for failure to claim a dependent at the time of filing a new claim, a dependency allowance will be corrected effective with the beginning of the benefit year.

To claim the following person(s) as a dependent you must have provided more than half the cost of his or her support for at least 90 consecutive days immediately before the first week of your new claim. If the relationship has existed less than 90 days, the person must have received more than half the cost of his or her support from you for the duration of the marital or parental relationship. Only one person may claim a dependency allowance for the same individual as a dependent.

Persons You May Claim As A Dependent Considered By Age And Relationship

| Age | Relationship |
|---|--|
| Any Age | Your husband or wife |
| Under Age 18 | Your child, grandchild, adopted child, stepchild, orphaned brother or sister |
| Over Age 18, or Under Age 22 if Full-time Student | Your child, grandchild, adopted child, stepchild, orphaned brother or sister |
| Over Age 18 if physically or mentally infirm and unable to work | Your child, grandchild, adopted child, stepchild, orphaned brother or sister, mother or father |
| Over Age 65 | Your mother or father |

Enter the TOTAL dependents you are claiming in the box below. Do not claim yourself.

I wish to protest the number of **Dependents Claimed** on the Monetary Determination mailed on _____ (date).

I did not claim the correct number of dependents when I filed my claim because:

For the reason(s) stated above, I wish to claim a total of dependents on my current Benefit Year.

I certify that all of the information submitted by me on this form is true and correct to the best of my knowledge and belief. I UNDERSTAND THAT THE LAW PROVIDES PENALTIES OF FINE, AND/OR IMPRISONMENT, AND/OR COMMUNITY SERVICE FOR FALSE STATEMENTS TO SECURE BENEFITS.

Claimant Signature: _____ Date _____

LEAVE BLANK — FOR BRANCH OFFICE USE ONLY

BYB _____ Claims Worker Initials _____ Date D/E _____



INCOME TAX WITHHOLDING

COMPLETION OF THIS FORM IS VOLUNTARY

FOR BRANCH OFFICE
USE ONLY

BYB: _____

S.S. #: - -

(PLEASE PRINT)

NAME: _____

ADDRESS: _____

You have the option to have federal **and** state income tax withheld at the rates listed below, from the taxable portion of your unemployment benefits. The taxable portion of your weekly benefit amount (WBA) for federal tax is the remaining balance after any pension and/or earnings deductions. The taxable portion for state tax is the remaining balance after any deductions for pension, earnings, **and** dependents. If you choose income tax withholding, you must have BOTH taxes withheld at the indicated percentages.

The withheld tax amounts will be shown on your benefit check stub and the annual tax year Form 1099-G, *Certain Government and Qualified State Tuition Program Payments*, which reflects the total benefit amount paid to you for the preceding calendar year.

Income taxes will not be withheld from your benefit checks unless authorized by you with your signature. No action is necessary if you do not wish to have income taxes withheld from your benefit checks.

*** NOTE: Although you can stop withholding at any time, you may elect to have taxes withheld only once per benefit year.**

☐ **START** 10% Federal Income Tax from benefit payments issued on and after 8/6/2001.

AND

Michigan State Income Tax Withholding Rate by Benefit Year Beginning (BYB) date.

BYB 1/6/2002 4.1%

BYB 1/5/2003 4.0%

BYB 1/4/2004 3.9%

FOR STATE TAX PURPOSES,
WHAT IS THE NUMBER OF YOUR DEPENDENTS? (include yourself)

☐ **STOP** withholding income taxes from my benefit checks.

Signature

Date

ANY QUESTIONS? CONTACT THE UA CUSTOMER RELATIONS HOTLINE:

1-800-638-3995

Monday thru Friday: 8:00 a.m. - 5:00 p.m.



CLAIMANT SEPARATION STATEMENT

B.O. No. _____

Completion of this form is required to qualify for benefits. If additional space is needed, use a separate sheet of paper.

You must complete and return this form to your branch office immediately after receiving Form UA 1575C, *Monetary Determination*. Your Employer Filed Claim (EFC) was filed by your last employer, therefore, the separation reason given for the other employers may not be correct. Please answer all questions, supply requested information and give a detailed statement. You must complete a Separation Statement for each employer you were separated from in the last 18 months (except when you are laid off) if you were separated due to voluntary leaving or discharged due to theft, willful destruction of property, assault and battery, or possession or use of illegal drugs.

NOTE: Before completing this form, review Part One of this booklet. Special attention should be paid to section titled "Disqualifications."

1. CLAIMANT IDENTIFICATION

A. Print Your Complete Name _____
(Last, First, Middle Initial)

B. Enter Your Social Security Number _____

C. Telephone Number _____

(_____) _____
Area Code

2. CLAIMANT'S STATEMENT (complete all items)

A. I worked for _____ Location _____
(Name of Company) (City/State)

Telephone Number (_____) _____ from _____ to _____
Area Code (Beginning Date) (Ending Date)

as a(n) _____
(Occupation)

B. I worked _____ hours per day, _____ days per week.

C. My average weekly wage (before deductions and tax withholding) was \$_____ per week.

D. I worked on commission. YES ☐ NO ☐

E. If you are a union member, give name of union, local number, and address:

A decision about your benefits will be made based on information contained in your statement and information from your employer. Please give complete details of your separation.

NOTE: FAILURE TO COMPLETE THIS FORM CAN RESULT IN A (RE)DETERMINATION BEING MADE ON THE BASIS OF OTHER AVAILABLE FACTS.

F. I am no longer working for this employer because:

- ☐ I quit; (complete Part 3) ☐ I was discharged/fired; (complete Part 4) ☐ I retired; (complete Part 5)
☐ I was working for a Temporary Help Firm and my assignment ended; (complete Part 4D)
☐ I was discharged for using or possessing illegal drugs, or refusing to take, or failed, a drug test.

3. NATURE OF SEPARATION FROM WORK - "QUIT"

A. Left work voluntarily. YES ☐ NO ☐

B. Who did you notify of your leaving? _____ When did you notify them? _____
(Date)

(Name) (Position) (Date you intended to leave)

C. Check all reasons for leaving which apply to you:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Wages | <input type="checkbox"/> Retirement | <input type="checkbox"/> Job Requirements |
| <input type="checkbox"/> Health | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Working Conditions | <input type="checkbox"/> Left for New Full-Time Work* |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Requested Leave | <input type="checkbox"/> Skills Not Used | <input type="checkbox"/> Left for New Part-Time Work* |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Work Hours | <input type="checkbox"/> Unable to Do Work | <input type="checkbox"/> Left for Recall to Previous Job* |
| <input type="checkbox"/> Other _____ | | | |

*-If hired for new job prior to leaving, provide date of application for work, date hired, date began and name of new employer.

3. NATURE OF SEPARATION FROM WORK – “QUIT” (continued)

- D. Please describe the situation in detail and how you attempted to resolve it:
(For example: Did you ask for a transfer or leave of absence, file a grievance, or speak with your supervisor?)

4. NATURE OF SEPARATION FROM WORK – “DISCHARGE” or “FIRED”

- A. Choose the one that best describes your situation:
- | | |
|---|---|
| <input type="checkbox"/> Discharged/Fired by Employer | <input type="checkbox"/> Given Choice of Resigning/Quitting or Being Discharged/Fired |
| <input type="checkbox"/> Discharged/Fired Prior to Quitting | <input type="checkbox"/> Left in Anticipation of Discharge/Firing |
| | <input type="checkbox"/> Illegal Drugs |
- B. If discharged/fired by the employer, who told you that you were discharged/fired?

| | |
|------------------|---------|
| _____ | _____ |
| (Name of Person) | (Title) |

On _____ I was told I was discharged/fired for the following reason(s):
(Date of Dismissal)

| | | |
|--|--|--|
| <input type="checkbox"/> Position No Longer Exists/Job for Which Hired Not Available | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Willful Destruction of Company Property |
| <input type="checkbox"/> Refusal to Transfer to Other Work | <input type="checkbox"/> Manner of Performing Work | <input type="checkbox"/> Intoxication/Use of Intoxicants |
| <input type="checkbox"/> Absence or Tardiness | <input type="checkbox"/> Union Relations | <input type="checkbox"/> Violation of Company/Union Rules |
| <input type="checkbox"/> Assault & Battery (Fighting) | <input type="checkbox"/> Theft | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Imprisonment | <input type="checkbox"/> Misconduct | <input type="checkbox"/> Unable to Do the Work |
| <input type="checkbox"/> Working Conditions | | |
| <input type="checkbox"/> Other _____ | | |

- C. Were there any witnesses? [Name Person(s)] _____
- D. My assignment ended – Temporary Help Firm
- a. The Temporary Help Firm gave me a written notice which requires me to notify them within 7 days of completing services for a client YES ☐ NO ☐
- b. I gave the employer notice on _____ by means of _____ .
(Date) (Letter, Phone, etc.)
- c. The notice was accepted by _____ .
(Person's Name and Title)
- d. I did not give notice within 7 days because: _____
- E. Please describe the events leading up to the leaving or discharge in detail:
- F. If you filed a grievance, when and with what result: _____
- G. Had your employer ever warned you or spoken to you about the conditions causing your discharge? YES ☐ NO ☐
If “YES,” when were you warned and by whom? _____

5. NATURE OF SEPARATION FROM WORK – “RETIRED”

- A. I retired effective _____
(Date)
- B. My retirement was: ☐ voluntary ☐ mandatory ☐ per union agreement.
- C. I am receiving a retirement payment of \$ _____ per _____.
- D. I contributed: ☐ Less than one-half the cost of my retirement. ☐ One-half or more of the cost of my retirement benefit.
☐ My employer paid the entire cost of my retirement benefit.
- E. My retirement payments began (or will start to be paid) on: _____
(Date)

6. STATEMENT OF ABILITY AND AVAILABILITY TO PERFORM WORK

- A. Check all items which will, or to your knowledge could, affect your ability and availability to perform Full-Time work (as defined by the employer) during your benefit year:
- | | | |
|---|--|---|
| <input type="checkbox"/> Attending School or Training | <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Union Relations |
| <input type="checkbox"/> I am/will Be Away From Home or Work Area | <input type="checkbox"/> Nature of Work/Type of Employer | <input type="checkbox"/> Wage Restrictions |
| <input type="checkbox"/> Distance Restrictions | <input type="checkbox"/> Medical Restrictions | <input type="checkbox"/> Jury Duty |
| <input type="checkbox"/> Health or Physical Condition | <input type="checkbox"/> Self-Employment/Other Work | <input type="checkbox"/> Working Conditions |
| <input type="checkbox"/> Incarceration (Jail) | <input type="checkbox"/> Hours (Part-Time/Full-time) | <input type="checkbox"/> Other _____ |
- B. Please describe the item(s) you checked in more detail:



PROTEST OF A (RE)DETERMINATION

Attach 1 copy of the (re)determination you are protesting. Refer to: "Your Protest and Appeal Rights" contained in your 1900 Booklet, *A Handbook for Claimants*, before completing this form.

Social Security Number: _____

Name: _____

I WISH TO PROTEST THE DETERMINATION

☐

APPEAL THE REDETERMINATION

☐

MAILED OR PERSONALLY SERVED ON: _____

*(Date)

* Shown at bottom of (re)determination

FOR THE FOLLOWING REASON(S):

(Your Signature)

(Date)

NOTE: If you need more space, attach additional pages.

- IN YOUR PROTEST OR APPEAL, INDICATE THE REASON(S) WHY YOU DO NOT AGREE WITH THE (RE)DETERMINATION. ALSO, PROVIDE ANY NEW OR ADDITIONAL FACTS NOT PRESENTED IN YOUR FIRST STATEMENT.
- ATTACH COPIES OF ANY DOCUMENTS, EMPLOYER NOTICES, CORRESPONDENCE, OR OTHER TYPES OF INFORMATION WHICH MAY CLARIFY THE ISSUE YOU ARE PROTESTING. THESE DOCUMENTS WILL NOT BE RETURNED SO YOU SHOULD SEND DUPLICATES OR COPIES.
- **YOU MUST PROTEST IN WRITING OR IN PERSON.** IN ORDER TO BE ON TIME, **YOUR PROTEST MUST BE RECEIVED BY THIS OFFICE WITHIN 30 DAYS AFTER THE DATE THE DETERMINATION WAS MAILED OR PERSONALLY SERVED.** IF YOUR PROTEST IS NOT RECEIVED ON TIME, IT MAY AFFECT THE DECISION YOU RECEIVE.

IF THE 30 DAY PROTEST PERIOD HAS ALREADY LAPSED, YOUR STATEMENT SHOULD INDICATE WHY YOUR PROTEST IS NOT ON TIME.

IF YOU HAVE ANY DIFFICULTY COMPLETING THIS FORM, CONTACT, IN PERSON OR BY TELEPHONE, THE UA BRANCH OFFICE PROCESSING YOUR CLAIM.

(SEE THE ENCLOSED DIRECTORY FORM UA 1712, *UA BRANCH OFFICE LOCATIONS* FOR APPROPRIATE TELEPHONE NUMBERS.) AFTER COMPLETING, MAIL THIS FORM TO YOUR UA BRANCH OFFICE.

THIS FORM CAN BE USED TO PROTEST A DETERMINATION, OR APPEAL A REDETERMINATION TO AN ADMINISTRATIVE LAW JUDGE.

FOLLOW THE INSTRUCTIONS IN YOUR BOOKLET, ***UNEMPLOYMENT INSURANCE: A HANDBOOK FOR CLAIMANTS***, OR CONTACT YOUR UA BRANCH OFFICE.



B.O. # _____

REQUEST FOR NAME and/or ADDRESS CHANGE

- FOR A NAME CHANGE REQUEST, SUBMIT A COPY OF LEGAL PROOF WHICH DOCUMENTS THE CHANGE •

Check Appropriate Box: ☐ NAME CHANGE ☐ ADDRESS CHANGE

Your Name: _____
First Last Middle Initial

Social Security Number: --

NAME CHANGE

Your Name: _____
First Last Middle Initial

Social Security Number: ☐ Married ☐ Divorced ☐ Personal Choice

ADDRESS CHANGE

Old Address: _____
Street Address City State Zip Code

New Address: _____
Street Address City State Zip Code

Telephone Number: (_____) _____
Area Code

If you have relocated outside of Michigan, will it be for more than 4 weeks? ☐ Yes ☐ No
(If you answered "Yes," your file will be transferred to the Interstate Benefit Unit.)

I know the law provides penalties of fine, imprisonment and/or community service for any false statement(s). I certify that the information reported on this form is true and correct to the best of my knowledge.

Your Signature*: _____ Date: _____

* Your signature will be verified against your existing signature on record.

• FOR UA USE ONLY •

DO NOT SIGN UNTIL YOU HAVE ENTERED THE UPDATED INFORMATION INTO THE SYSTEM.

Staffperson's Signature: _____ Data Entry Date: _____

Claimant's Record of Work Search

| | |
|--------------|--------------------------------|
| Name: | Social Security Number: |
|--------------|--------------------------------|

Use this form to record each employer you contacted during each week you are claiming unemployment benefits. Although this information is not requested when claiming each week, your claim may be audited and you may be asked at any time to provide a detailed record of your work search efforts. If you cannot provide this information, you may be penalized and have to pay back the benefits as well as damages of double or triple the amount received through fraud. Keep this record up-to-date.

[illegible]

Michigan's Automated Response Voice Interactive Network (MARVIN)

Claimant's Record of Telephone Calls to MARVIN

Appointment Day and Hour: _____ B.O. #: _____ Call Area #: _____ MARVIN's Phone #: _____

REMINDER: Phone in every other week on your appointment day and at your scheduled hour. If you miss your appointment, you may phone in anytime on Thursday or Friday between 8:00 a.m. and 7:00 p.m. Eastern time.

[illegible]



CLAIMANT'S STATEMENT OF WAGES

Complete this form to provide wage information not available for use by the Agency but required to determine if you qualify for unemployment benefits. Check the box in Item 9 if you did not work for or were not PAID by the employer listed during the identified quarters and request the reported wages not be used. Complete a separate form for each employer, as directed. Instructions for completion are on the reverse side. Leave shaded areas blank. Please print clearly.

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|-----|------------------|-------|--|------|--|--|
| 1. CLAIMANT LAST NAME, FIRST, MIDDLE INITIAL | | | | | | 2. SOCIAL SECURITY NUMBER | | | | 3. ADDITIONAL NAME or SSN WORKED UNDER | | | |
| | | | | | | | | | | | | | |
| UA Account Number | | | | | | Multi | | | | Check Digit | | | |
| | | | | | | | | | | | | | |
| 5. EMPLOYER (<i>Name of Company</i>) | | | | | | 4. FEDERAL EMPLOYER ID NO. (from W-2 Form, if available) | | | | | | | |
| | | | | | | | | | | | | | |
| 6. EMPLOYER TELEPHONE NUMBER () | | | | | | | | | | | | | |
| 7. EMPLOYER ADDRESS | | | | | | 8. | | | | | | | |
| | | | | | | FIRST DATE WORKED | | LAST DATE WORKED | | | | | |
| | | | | | | MONTH | DAY | YEAR | MONTH | DAY | YEAR | | |
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| Quarter | | Year | |
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| TOTAL | \$ | | |
| Quarterly Wages | | | |

11. CLAIMANT'S CERTIFICATION:

I understand that the law provides penalties of fine, and/or imprisonment, and/or community service for false statements to secure benefits.

12. Claimant's Signature

Date:

Clerk's Initials

Instructions

- Clearly print your name and Social Security number. Enter any additional name or Social Security number you may have worked under.
- Enter the Federal Employer Identification Number (FEIN) from your W-2 Form, if available.
- Clearly print employer name, address, telephone number, and dates of employment.
- Report missing **gross** wages (before taxes) PAID to you in each calendar quarter identified in Item 10 on the front side. For example, you may have worked during the last week of March (1st quarter) but were not paid until April (2nd quarter). Report these wages in the 2nd quarter (the quarter containing the date you were PAID).

There are 4 calendar quarters per year.

The quarters are numbered and are the same from year to year.

Each quarter contains three calendar months as follows:

| | | | |
|--------------------|-----------|---------|--------------|
| 1st Quarter | January 1 | through | March 31 |
| 2nd Quarter | April 1 | through | June 30 |
| 3rd Quarter | July 1 | through | September 30 |
| 4th Quarter | October 1 | through | December 31 |

- If you know your **gross** wages for each quarter, complete only the Total Quarterly Wages box for each quarter identified in Item 10, or you may use the spaces provided to list each pay date and amount to help you figure the Total Quarterly Wages.
- If you have pay stubs, enter the pay dates (date of check) and **gross** wages paid on that date in the correct quarter.
- Calendars are available upon request that show the 4 quarters.
- A UA employee will assist you at any time if you request help.
- Mark the box in Item 9 if you never worked for or were not PAID by the employer listed within the identified quarter(s) and request the wages not be used on your claim. There are penalties for withholding employment information.
- Carefully read the Claimant's Certification Statement before you sign and date this form.

NOTE: If your claim is established based on the information you provide on this form, it may be subject to a redetermination when corrected wage information is obtained from your employer.



State of Michigan
Department of Consumer & Industry Services
UNEMPLOYMENT AGENCY
ADDITIONAL CLAIM BY MAIL

Authorized by MCL 421.1, et seq.
Completion of this form is required to qualify for benefits.
Follow all instructions very carefully.

To the Claimant:
Begin this form with Item 1 below.



| | | | | | | | |
|-----------|--|--|--|----------|--|--|--|
| BYB Date | | | | B.O. No. | | | |
| | | | | | | | |
| OCC. CODE | | | | | | | |

| | | | | |
|---------------------|-------|--------|---------------------------|-----------|
| 1. PRINT Name: Last | First | Middle | 2. Social Security Number | Ck. Digit |
| | | | | |

3. No. and Street

| | | |
|------------------------|--------|---------------------|
| 4. City-State-Zip Code | County | 5. Telephone Number |
| | | () |

IMPORTANT: THIS FORM IS TO BE USED FOR FILING YOUR ADDITIONAL CLAIM BY MAIL ONLY IF ALL SEPARATIONS SINCE YOU LAST CLAIMED BENEFITS WERE DUE TO LACK OF WORK, OR IF YOU HAVE HAD NO EMPLOYMENT SINCE YOU LAST CLAIMED BENEFITS.

Have you returned to work since last claiming benefits? ☐ NO ☐ YES
If "NO," your claim is effective the beginning of the week in which this form is **received**.
If "YES," complete item 11 below.

It is your responsibility to complete and mail this form so that it is RECEIVED by your branch office no later than the Friday after the end of the week containing your last day of work. If you stopped claiming benefits for a reason other than a return to work, this completed form must be RECEIVED during the first week for which you wish to start claiming benefits again.

YOU MUST HAVE A PERSONAL IDENTIFICATION NUMBER (PIN) TO CALL MARVIN. IF YOU HAVE FORGOTTEN YOURS, GO IN TO THE BRANCH OFFICE BEFORE YOUR CALL-IN DAY. BE SURE TO HAVE PICTURE ID WITH YOU.

SINCE YOU LAST CLAIMED BENEFITS:

6. Unemployment benefits are subject to Federal and State income tax. Do you wish to have **both** Federal and Michigan State income tax withheld from the taxable portion of each weekly benefit payment?
(You can choose to have taxes withheld only once per benefit year.) ☐ NO ☐ YES
A. If "YES," you must enter the number of dependents/exemptions you claim for State income tax purposes.
7. Have you applied for or received retirement benefits? ☐ NO ☐ YES
8. Have you moved or changed your name? (If name change, file your claim in person.) ☐ NO ☐ YES
9. Are you in training or attending school? (If "YES," give dates.) From _____ Thru _____ ☐ NO ☐ YES
10. Were you unable to file this claim due to injury, illness or hospitalization that lasted 14 days or more? ☐ NO ☐ YES
11. List all employment since your last period of unemployment (whether in state or not). If more than 1 employer, use reverse side.

| | | | | | |
|----------------------------|--|-------------|--|---|------------------|
| UA Account No. | | Check Digit | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary | First Date Worked | Last Date Worked |
| (DO NOT WRITE HERE) | | | Plant or Location | | |
| EMPLOYER - Firm Name | | | Telephone | Reason for unemployment <input type="checkbox"/> Lack of Work IF THIS SEPARATION WAS FOR REASONS OTHER THAN LACK OF WORK, YOU MUST FILE IN PERSON. Do you expect to return to work with this employer? <input type="checkbox"/> Yes When: _____ <input type="checkbox"/> No <input type="checkbox"/> I don't know If your return to work date exceeds 120 days, you must register for work to be eligible for benefits. | |
| | | | () | | |
| | | | Position Title | | |
| | | | Was Social Security taken out of your pay? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| No. and Street | | | | | |
| City - State - Zip Code | | | | | |
| County & State Worked In | | FIPS CNTY | | | |

12. If you are not a citizen of the USA, enter the type of form or document issued to you: _____ Expiration Date: _____

13. Have you received or will you receive payments from your last employer for any period following your last day of work? ☐ NO ☐ YES
If "YES," show the amount of payment and period covered.

| | | | |
|-----------------------------|----------|------------|----------|
| (a) Vacation Pay | \$ _____ | From _____ | To _____ |
| (b) Holiday Pay | \$ _____ | From _____ | To _____ |
| (c) Wages in Lieu of Notice | \$ _____ | From _____ | To _____ |
| (d) Other _____ | \$ _____ | From _____ | To _____ |

14. **YOUR CERTIFICATION:** I certify that all of the information submitted by me on this form is true and correct to the best of my knowledge and belief. I UNDERSTAND THAT THE LAW PROVIDES PENALTIES OF FINE, AND/OR IMPRISONMENT, AND/OR COMMUNITY SERVICE FOR FALSE STATEMENTS TO SECURE BENEFITS.

15. Claimant's Signature _____ 16. Date Signed _____

| BRANCH OFFICE USE ONLY | | | | | | | |
|------------------------|-----|--------------------|--------------|-----------|-------------|----------|-----------|
| Add'l | R/O | Effective W/E Date | RSW/JAW Date | Reg. Req. | UA 1002/APP | D/E Date | D/E Clerk |
| | | | | Y N | | | |

----- FOLD HERE -----

You must use a separate envelope for mailing.

----- FOLD HERE FIRST -----

Continuation of Item 11 from front of form.

| | | | | | |
|---|---|--|--|--|------------------|
| N E X T T O P L O Y E E R L A S T | UA Account No. Check Digit | | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary | First Date Worked | Last Date Worked |
| | (DO NOT WRITE HERE) | | Plant or Location | | |
| | EMPLOYER – Firm Name | | Telephone () | Reason for unemployment <input type="checkbox"/> Lack of Work IF THIS SEPARATION WAS FOR REASONS OTHER THAN LACK OF WORK, YOU MUST FILE IN PERSON. | |
| | No. and Street | | Position Title | | |
| | City – State – Zip Code | | Was Social Security taken out of your pay? YES <input type="checkbox"/> NO | | |
| T H E M P L O Y E E R L A S T | UA Account No. Check Digit | | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary | First Date Worked | Last Date Worked |
| | (DO NOT WRITE HERE) | | Plant or Location | | |
| | EMPLOYER – Firm Name | | Telephone () | Reason for unemployment <input type="checkbox"/> Lack of Work IF THIS SEPARATION WAS FOR REASONS OTHER THAN LACK OF WORK, YOU MUST FILE IN PERSON. | |
| | No. and Street | | Position Title | | |
| | City – State – Zip Code | | Was Social Security taken out of your pay? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |